

Transportation for the Elderly and Handicapped in the Central Naugatuck Valley Region: 1976



February 1976
Central Naugatuck Valley
Regional Planning Agency
20 East Main Street
Waterbury, CT 06702

TITLE: TRANSPORTATION FOR THE ELDERLY AND HANDICAPPED IN THE CENTRAL NAUGATUCK VALLEY REGION: 1976

AUTHOR: CENTRAL NAUGATUCK VALLEY REGIONAL PLANNING AGENCY

SUBJECT: Transportation problems and needs of the Region's elderly and handicapped residents.

DATE: FEBRUARY, 1976

LOCAL PLANNING AGENCY: Central Naugatuck Valley Regional Planning Agency

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HUD PROJECT NO.: CPA-CT-01-00-1034

SERIES NO.: N.A.

NO. OF PAGES: 71

ABSTRACT: This report presents an analysis of the transportation needs of the elderly and handicapped in the CNVR. It provides an inventory of the modes of travel of these individuals and the specific problems limiting their full mobility. In addition, the various transportation systems serving the elderly and handicapped are described and an evaluation has been made of their adequacy in meeting the needs of the Region's immobile and transit dependent residents.

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Introduction

In recent years, certain, especially immobile, groups in our society have found it increasingly difficult to travel about on their own. This problem has been particularly severe for the elderly and the handicapped members of our society as public transportation has declined and failed to accomodate their specific transportation needs. To some extent, declining public transportation has increased the reliance of the elderly and the handicapped on transportation provided by friends or relatives.

However, transportation provided by relatives and friends has always been a major method of travel for the elderly and the handicapped. Their limited mobility, physical and developmental impairments or advancing age have traditionally forced them to rely on others for assistance when traveling.

Though family transportation has solved some of their needs for mobility, this has become more difficult to obtain in recent years as the extended family has become less cohesive and relatives are, in many cases, no longer living in close proximity. Not surprisingly, the breakdown of the extended family in America has increased the isolation of the elderly and the handicapped, either forcing them to become more independent and self sufficient, or easing them into extended care facilities that will provide for their needs. Neither of these alternatives is satisfactory. In one case, the elderly are encouraged to travel on their own when this may often be impossible; and, in the other, they are confined in an institution which discourages their mobility and increases their social withdrawal.

Transportation for the elderly and the handicapped is more than a system of travel; in many cases, it may be an important means of increasing their morale, improving their health and maintaining their physical well being. Numerous studies of the institutionalized and isolated elderly have clearly shown that lack of mobility can lead to social withdrawal, malnutrition, lack of proper medical care and a general decline in vitality. These problems are most prominent for those elderly persons whose families and relatives have abdicated responsibility, placing them in an

institution or left them to live by themselves.

Introduction

In response to the increasing immobility of the elderly and the handicapped, many social service agencies and municipalities throughout the nation have developed specialized transportation systems to serve the elderly and the handicapped within their community. Since 1970, specialized mini buses for the elderly and handicapped have mushroomed into a major form of supplementary public transportation in many areas including the Central Naugatuck Valley Region.

However, transportation provided by relatives and friends has always been a major method of travel for the elderly and the handicapped. Their limited mobility, physical and developmental impediments or advancing age have traditionally forced them to rely on others for assistance when traveling. In 1971, there was only one elderly mini bus in the Region (operated in Naugatuck); but by 1975, ten of the Region's 13 municipalities were offering mini bus service. Similarly, over 20 other private, non profit and public transportation services have emerged in the past 5 years as more and more agencies have felt the need to provide special transportation programs for their clients. The increased interest in specialized transportation is an outgrowth of the declining convenience and reliability of conventional bus service. In many cases, however, these specialized transportation systems have been planned and operated in a vacuum with no consideration for the services of (1) other agencies (2) conventional public transit or (3) the needs of the elderly and handicapped. The rapid growth of mini buses in the Region has led to a confusing overlap of transportation services. Many organizations are now providing similar or duplicative services at an extremely high cost. One indication of the rapid proliferation of these organizations can be seen in the annual expenditures and the annual number of passenger trips made by all the specialized transportation services operating in the Central Naugatuck Valley Region. In fiscal year 1974-75, there were nearly 290,000 passenger trips made by specialized transportation services and \$352,323 spent in operating these services. In contrast, the Waterbury Yellow Cab Company carried 202,000 passengers in 1974 at a cost of \$228,514, and North East Transportation Company provided 1,506,978 passenger trips in the Waterbury area at the cost of \$832,472.

While many of these specialized transportation systems have attempted to meet the needs of the elderly and handicapped, it has often been done without clear planning, coordination and evaluation of the actual transportation problems of these individuals. The first section of this report analyzes the transportation needs of the elderly and the handicapped, the second section discusses the quality and level of transportation available to these individuals, and the final section indicates where improvements are needed to meet the transportation problems of these individuals through the use of existing and alternative transit systems.

The Elderly

In 1970, 33,550 elderly persons (60 years and older) residing in the Region, accounted for 15% of the total population. Approximately 56% of these individuals were living in the City of Waterbury, with the remainder relatively evenly distributed throughout the other 12 municipalities of the Region. Outside of Waterbury, the municipalities of Cheshire, Naugatuck, Southbury and Watertown have the largest elderly population accounting for 62% of the suburban elderly. However, unlike the elderly residents in Waterbury, suburban elderly live over much broader geographic areas and are generally more integrated into their community.

In contrast, most of Waterbury's elderly live in neighborhoods of the city which have become distinct elderly communities. In 1970, 57% of the city's elderly lived in 9 of the city's 28 census tracts which included the downtown area, Bunker Hill, East Farms, Town Plot and the South End.¹ Some of these city neighborhoods had elderly populations that accounted for as much as 30% of their total population.²

In addition, an estimated 10% of the city's elderly live in 18 elderly housing projects, most of which are owned by the Waterbury Housing Authority.³ These housing patterns have contributed to an overall social segregation of the city's elderly which has often reinforced their lack of access to convenient forms of transportation.

Elderly residents of the Region have also had more difficulty moving about than other age groups because of their greater share of physical and mental disabilities, lower income, lack of familiarity with public transit and personal isolation within the community. In 1971, the Urban Mass Transportation Administration stated that 10% of the nation's elderly had impaired vision and 13% had impaired hearing.⁴ On a

¹U.S. Bureau of the Census; Census of Population and Housing: 1970; Census Tracts; Final Report PHC (1)-227 Waterbury, Connecticut SMSA.

²Ibid.

³Mini Transit Elderly Housing Survey, 1975.

⁴Public Transportation for the Elderly and Handicapped, 1971 Urban Mass Transportation Administration, P. 1.

Regional level, U. S. Census data indicates that in 1970, 13.6% of the elderly (60 years old or over) had incomes below the poverty level and 23% of those 65 years and over were living alone.

The combination of low income, personal isolation within the community and visual or hearing impairments has limited the transportation options of many of the Region's elderly. Frequently, the elderly have received greater attention and treatment as they have advanced in age; but, in many cases, these individuals have been left to fend for themselves.

Many elderly have been "put away" in institutions or forgotten about by relatives who no longer have the time to meet their needs. These individuals - the institutionalized elderly and those living alone - are usually the oldest and most immobile members of the elderly community. In 1975, 32% of the elderly residents of Waterbury surveyed by Operation Outreach were over 75 years of age; however, as many as 41% of those living alone were over 75.⁵ Similarly, the institutionalized elderly tend to be considerably older as well. In 1970, the U. S. Census found that 78% of Connecticut's elderly (65 years of age or over) living in homes for the aged, were over 75 years of age.⁶ By 1975, an estimated 11,306 elderly (60 and over) were living alone in the Region and another 1,300 elderly were living in extended care facilities. Together, these 2 groups accounted for slightly more than one out of every three elderly residents of the Region. While the advanced age of these two groups tends to limit their mobility and use of public transportation, frequently, these individuals remain isolated simply because of a lack of assistance from friends, relatives or staff at the facility in which they live.

⁵Area I Agency on Aging, Operation Outreach, August, 1975 - Detailed Statistics for Waterbury.

⁶U. S. Bureau of the Census, Census of Population: 1970 Detailed Characteristics, Final Report PC (1)-D8, Connecticut.

Causes of Immobility

One of the clearest indications of the transit dependence of the elderly is their lack of personal transportation. In 1975, the Operation Outreach survey found that 47% of all the elderly in the Region did not own an automobile. In contrast, 1970 data from the U. S. Census indicated only 15% of all the households in the CNVR were without an automobile. As can be seen from Table I, lack of automobile ownership is a common problem in each of the Region's municipalities. However, for those living in Waterbury where auto ownership has invariably been lower than the suburban municipalities, as many as 55% of the elderly were without an automobile.

Lack of Access to Public Transportation

Another factor contributing to the relative immobility of the elderly is their lack of access to public transportation. At the time of the Operation Outreach survey, only 43% of all the Region's elderly lived in a neighborhood served by a bus or some other means of convenient transportation.⁷ However, 90% of the Region's elderly who were served by bus were residents of Waterbury. Within Waterbury, approximately 70% of the elderly were served by a bus or another convenient form of transportation. However, in some neighborhoods of the city in which public bus service is not convenient, elderly residents tend to be more dependent on relatives and friends to move them about than Waterbury's elderly in general. As can be seen from Table II, 41% of the elderly living in a neighborhood ill served by public bus service, depend upon friends or relatives; whereas, only 33% of the general elderly population of Waterbury used this method of transportation. This would seem to indicate that (1) a more personalized transportation system providing door-to-door service might fair well in neighborhoods not adequately served by public buses or that (2) North East Transportation Company might find it profitable to expand its coverage of the city (through the use of mini buses) in those neighborhoods where elderly residents are

⁷Area I Agency on Aging, Operation Outreach, August, 1975.

without its service.

Causes of Imobility

In contrast to the elderly living in Waterbury, those living in the suburbs have little or no bus service. Based on the Operation Outreach survey, only 17% of the 14,685 elderly living in the suburban municipalities indicated that they had access to public transportation.⁸ However, in the municipalities of Prospect, Southbury, Thomaston, Middlebury and Woodbury, 93% or more of the elderly indicated that they were without access to public transportation.⁹ (See Table X)

Dependence Upon Friends or Relatives

A third factor contributing to the immobility of the Region's elderly is their dependence upon friends or relatives to carry them about. In 1975, Operation Outreach found that one out of every three elderly in the Region depended upon friends or relatives to meet their normal transportation needs. Often, the elderly may rely on friends or relatives to travel because they still live with their children or with a spouse who is able to drive. However, there are many living alone who are without an automobile and who are forced to rely on personal assistance from an outside source. For these individuals, regular transportation is more imperative since they are without family members within their home to provide for their needs. Operation Outreach found that in Waterbury approximately 21% of all the elderly were living alone without an automobile. As can be seen from Table II, these individuals were far more likely to depend upon personal assistance to move about than Waterbury elderly as a whole. Approximately 55% of all those Waterbury elderly living alone who were without an automobile depended upon friends or relatives, whereas, only 33% of the elderly in general used this as their usual method of transportation.

⁸Ibid.

⁹Ibid.

Area I Agency on Aging, Operation Outreach, August, 1975.

alone tend to be the most dependent upon public transit. As can be seen in Table II, while 15% of the city's elderly surveyed by Operation Outreach used buses as their primary means of travel, as many as 23% of the elderly living alone relied on this method of transportation. When taxis and special transportation services are included, nearly 1 out of every 4 elderly living alone relies on public transportation to move about.

Physical Disabilities

Another factor contributing to the reduced mobility of some elderly is their increased likelihood of having one or more chronic conditions. Nationally, the U. S. Department of Health, Education and Welfare reports that 85% of the elderly (65 and over) have one or more chronic conditions.¹⁰ However, only 20% of all elderly (65 and over) have experienced reduced mobility as a result of a chronic condition.¹¹ As can be seen in the table below, 8% of the nation's elderly have some trouble getting around alone and as many as 5% are homebound.

Indications of Mobility Among the Elderly in the Nation: 1971

- 85% Have one or more chronic conditions
- 20% Have an interference with their mobility
- 8% Have some trouble getting around alone
- 6% Need a mechanical aid to get around
- 5% Are homebound

SOURCE: New Facts About Older Americans, U. S. Department of Health, Education and Welfare, June, 1973, P. 11.

While these national statistics indicate that many elderly are experiencing difficulties moving around by themselves, they appear to under represent the true level of

¹⁰ U. S. Department of Health, Education and Welfare, New Facts About Older Americans, June, 1973, P. 11.
¹¹ Ibid.

immobility experienced by elderly (60 years and over) in the Central Naugatuck Valley Region. Operation Outreach found that fully 26% of the Region's elderly have a disabling illness which limits their activity, and 9.4% of the elderly are unable to manage their own shopping as a result of their disability. These survey results are somewhat higher than those reported by HEW and indicate that many elderly must depend upon friends or relatives or, when these individuals are not available, on the services of vehicles adapted to carry nonambulatory individuals.

Low Income

Certainly, the most common limitation to the mobility of the elderly is low income. In 1970, 13.6% of the elderly in the Region, 60 years and over, were below the poverty level. Based on income data from the 1975 Operation Outreach survey, more than 36% of the Region's elderly responding had incomes below the national poverty level of \$3,070 set for a family of two.

Lower income levels clearly have a negative effect on the mobility of the elderly.

As can be seen in the table below, elderly persons earning less than \$2,500 a year were more than twice as likely to be represented in the generally immobile group of those traveling less than once a month compared to elderly earning over \$10,000 a year.

Frequency of Visits with Friends or Relatives
By Income Among the Elderly in the Area I District* on Aging: 1975
(In Percent)

	Under \$2500	\$2500 4999	\$5000 7499	\$7500 9999	\$10,000 or over
Daily	38.9	42.2	47.9	44.6	51.5
Once a Week	36.5	37.9	34.3	36.7	35.0
Every 2 Weeks	7.6	7.8	6.5	7.2	5.1
Once a Month	8.6	8.6	6.0	7.8	4.6

Frequency of Visits with Friends or Relatives
By Income Among the Elderly in the Area I District* on Aging: 1975 (Continued)

(In Percent)

	Under \$2500	\$2500 4999	\$5000 7499	\$7500 9999	\$10,000 or over
Less than once a Month	8.4	5.5	5.2	3.6	3.8
	100	100	100	100	100

*Includes the Central Naugatuck Valley, Litchfield Hills, Northwestern Connecticut and the Housatonic Valley Regional Planning areas.

SOURCE: Area I Agency on Aging - Operation Outreach 1975 Cross Tabulation Number 16.

Furthermore, the frequency of daily visits made by elderly rises almost directly with increasing income levels. While 38.9% of those earning less than \$2,500 a year made daily visits to friends or relatives, as many as 51.5% of those earning over \$10,000 visit daily with friends or relatives.

Modes of Travel

On a regional level, the Outreach survey found that 55% of the elderly travel in their own cars with another 31% rely on rides in cars owned by friends or relatives. In effect, 86% of the elderly travel by automobile while another 9% use public bus service and less than 3% walk. The low level of bus utilization in the Region points, in part, to the deficiency of mass transit in Waterbury and the suburban/rural municipalities. In the urban areas, the elderly frequently live in areas poorly served by public transit; and, in rural and suburban areas, they are often not served at all since public transit is generally non-existent.

Bus

While bus service may not be available to all the Region's elderly, in Waterbury nearly 70% are living in a neighborhood conveniently served by a bus. Partly

because of the greater level of bus service in Waterbury, as many as 15% of the elderly use buses as their principal means of travel. In contrast, only 3% of the suburban elderly use buses as their principal means of travel. Because of the availability of convenient bus service, many elderly residents in Waterbury have come to depend upon public transportation to move about. If bus riders, taxi users, and users of specialized transportation are grouped together, as many as 17% of Waterbury's elderly depend upon public transportation to meet their needs (see Table II).

The Automobile

In contrast to the elderly in Waterbury, the elderly living in the suburbs are more dependent upon the private automobile. While 46% of the elderly in Waterbury generally use their own car to travel, as many as 63% of those living in the suburbs used their own car as their primary means of travel. The table below indicates that if travel with friends or relatives is included, as many as 94% of the elderly living in the suburbs travel by automobile, whereas 79% of the elderly in Waterbury travel by this mode.

Comparison of Bus and Auto Use Among the Elderly: 1975

	% of Elderly Using A Bus As Primary Means of Travel	% of Elderly Using Their Own Car As Primary Means of Travel	% of Elderly Traveling In Auto Owned by Friends or Relatives
Waterbury	15	46	33
Remainder of Region	3	63	31
CNVR	9	55	31

SOURCE: Area I Agency on Agency Operation Outreach, 1975.

The Homebound

Finally, an estimated 1 to 2% of the elderly in Waterbury (not living in institutions) surveyed by Operation Outreach, don't travel at all. These individuals either depend upon someone else to do their shopping or have deliveries made at home. However, this estimate may undercount the number of totally immobile elderly since, as indicated earlier, 5% of the nation's elderly population not in institutions are homebound. For these individuals, the telephone, family and friends, and cooperative grocery stores making home deliveries may be their only contact with the outside world.

Transportation Needs of the Elderly

While the elderly in Waterbury are provided with better bus and taxi service than the remainder of the Region, they are not always able to make use of these services. The physical design of existing buses, the disabilities of the elderly, lack of evening bus service, inadequate bus coverage of some of Waterbury neighborhoods and the cost of taxi service have often forced many elderly to depend upon friends or relatives to move about.

The Role of Mini Transit

In turn, the low income levels and social isolation of many of Waterbury's elderly have made inexpensive forms of independent transportation a pressing social need.

Fortunately, in 1972, just about the time that the City's major bus companies

increased their fares from 35 to 50 cents, the City of Waterbury began a free transportation program within the Model Neighborhood to provide for the needs of the elderly, handicapped, economically disadvantaged, and those without other means of transportation. This service began as the Model Cities Red-Cross Transportation Service in the spring of 1972 and initially was confined to serving the Model

Neighborhood.¹² However, by 1974, under the sponsorship of the CNVRPA and as a result of urban renewal in downtown Waterbury, the service expanded to cover most of the city and all of its 18 elderly housing projects.

Today, a recent analysis of the origins and destinations of MiNi Transit passengers indicates that though the service is geared to Model Neighborhood residents, it has grown into a more comprehensive city-wide service meeting the transportation needs of the elderly. In September, 1975, slightly over 70% of all non-elderly users (i.e., those under 60) lived in the inner city area (Census Tracts 3501-3505). In contrast, elderly users of the service were scattered throughout nearly every neighborhood of the city with only 36% living in the inner city area (Census Tracts 3501-3505). This indicates that the city-wide service provided by MiNi Transit is almost exclusively tailored to the needs of the elderly living in the fringe neighborhood of the city where elderly residents are often more isolated and less mobile than the elderly population in general.

As of October, 1975, the MiNi Transit Service had 962 elderly patrons on file* in its office.¹³ This figure constitutes approximately 5% of the city's total elderly population. However, as can be seen from Table III, the MiNi Transit Service has over 10% of all the city's elderly black residents and over 30% of all the city's elderly Spanish-speaking residents on file in its office. Furthermore, in certain geographic areas of the city, such as the inner city area and Fairlawn, as many as 20% of all the elderly are using the service.**

¹²Base to Unit Three! Base to Unit Three! The Waterbury MiNi Transit Service 1972-1975, CNVRPA, September, 1975, P. 3.

¹³CNVRPA Survey of MiNi Transit File, November, 1975.

*All the elderly on file in the MiNi Transit office have used the service at least once during the period October 7, 1974, to September 30, 1975.

**In addition, the MiNi Transit Service has been a popular form of transportation for many of Waterbury's elderly living in the downtown area or in the city's 18 elderly housing projects.

While there has been some concern that MiNi Transit was simply duplicating the service provided by the North East Transportation Company and the Waterbury Yellow Cab Company, a survey of MiNi Transit passengers, conducted in April, 1975, tends to indicate that this is not the case. The survey found that many of these passengers are essentially dependent on the service in order to travel about within Waterbury. The survey found that as many as 46% of all the elderly indicated that they did not travel, or traveled only occasionally, during the time that MiNi Transit was temporarily shut down during the month of July, 1975.¹⁴ Perhaps more significantly, 78% of the elderly indicated that they do not travel or traveled only occasionally (in a friend's car or by walking) on weekends or during the evenings when MiNi Transit does not operate.¹⁵ In contrast, only 64% of all MiNi Transit passengers under 60 years of age indicated that they did not travel at all during the evenings or on weekends. The greater immobility of elderly MiNi Transit riders on weekends and during the evenings, compared to the rest of the service's ridership, suggests that the elderly prefer not to travel during these periods. However, when asked if they would use MiNi Transit if it were made available on the weekends and during the evenings, as many as 66% said they would use it on weekends and 63% said they would use it during the evenings.

While many elderly would use evening mini bus service if it were made available, an equally important need is for improved bus and mini bus coverage of all the elderly neighborhoods within the city. Though Waterbury's MiNi Transit carries more elderly than any other mini bus in the Region, it serves a smaller percentage of its elderly population than the suburban mini buses. As can be seen in Table IV, approximately 9% of all the elderly in the suburbs have made use of mini bus service at one time or another, while only 5% of those in Waterbury have used MiNi Transit. The disparity between the percentage of elderly using MiNi Transit and the percentage of elderly using mini buses in the Region is largely due to the greater availability of public

¹⁴ CNVRPA MiNi Transit Passenger Survey, August, 1975.

¹⁵ Ibid.

transportation in Waterbury. While there has been some concern that Mini Transit was

provided by the North East Transportation Company and the Waterbury Yellow Cab
Transportation Within the Hierarchy of Elderly Problems
Company, a survey of Mini Transit passengers, conducted in April, 1975, tends to

Next to low income, transportation is seen as the most serious problem of elderly in the regional community.¹⁶ However, in some of the suburban municipalities, transportation has often been the greatest problem, since suburban bus service is limited or non-existent and mini bus service offers less than complete coverage of the Region. While 19% of the elderly in the Region indicated that transportation was their most serious community problem, in two municipalities without mini buses for the elderly, the majority of the town's residents considered it to be the most serious problem for older people in their community.¹⁷ In Beacon Falls and Middlebury, where there is neither taxi service nor mini buses for the elderly, as many as 72% and 55% of the elderly, respectively, pointed to transportation as their most serious issue in their community.¹⁸

However, within Waterbury, only 16% of the elderly considered transportation to be their most serious problem in 1975, when Operation Outreach conducted its survey.

Among those neighborhoods in Waterbury where public bus service is minimal or non-existent, the elderly tend to be more vocal about the need for better public bus service. In the Outreach survey, the elderly living in Census Tracts 3519 and 3523 (both located on the periphery of the city where bus service is minimal or non-existent) nearly all agreed that bus service was inconvenient for their use.

Similarly, a survey conducted in 1972 by New Opportunities for Waterbury, Inc. (NOW) indicated that transportation was a definite problem for the elderly in Waterbury.¹⁹ Of the 3,250 elderly individuals interviewed, two-thirds stated that they experienced difficulties with transportation. Indeed, among those who exclusively relied

¹⁶ Operation Outreach, August, 1975; Detailed Statistics for the Central Naugatuck Valley Region, P. 4.

¹⁷ Ibid., P. 4.

¹⁸ Operation Outreach, August, 1975; Detailed Statistics for Middlebury and Beacon Falls, P. 4.

¹⁹ Report of the Outreach Survey, NOW, Inc., Louise Frazier, 1972, P. 5.

on bus service to travel, as many as 58% felt that bus service was unable to meet their needs. High fares (35 cents at that time), the lack of dial-a-ride service in Waterbury (Mini Transit was not in full operation in early 1972), and the complete lack of evening or Sunday bus service were mentioned as problems by a number of the elderly surveyed.

The Needs of the Institutionalized Elderly

Two important indications of the need for transportation for the elderly are the number of elderly living in homes for the aged and the number of elderly who are living in rest homes, nursing homes and other extended care facilities who are without regular contact with the outside world. As of March, 1975, there were approximately 1,300 elderly living in extended care facilities in the Region, accounting for 4% of all the elderly in the Central Naugatuck Valley Region.²⁰ Often times, the transportation needs of the institutionalized elderly are overlooked since many assume that these individuals are either unable or unwilling to travel. Though nursing homes and homes for the aged may provide few or no incentives for the travel of their clients, many of these elderly desire to maintain contact with the outside world. In March, 1975, the Central Naugatuck Valley Health and Mental Health Planning Council found that of a total of 1,910 institutionalized patients living in 34 extended care facilities in the Region, 282 individuals engaged in cultural activities outside of their institution at least once a month.²¹ All of these individuals were living in 13 of the 34 extended care facilities surveyed, of which 4 were nursing homes, 4 were homes for the aged, 3 were rest homes, and 3 were a combination of nursing homes and homes for the aged.²²

²⁰ Information Packet for Health Services in the Central Naugatuck Valley, CNVH&MHPC, July, 1975. P. II-5 and Detailed Survey Results of Extended Care Facilities in the Central Naugatuck Valley, CNVH&MHPC, March, 1975.

²¹ Ibid., P. II-5 and II-7.

²² Detailed Survey Results of Extended Care Facilities in the Central Naugatuck Valley, CNVH&MHPC, March, 1975.

Types of Activities Engaged in by Elderly
in Extended Care Facilities in the CNVR: 1975

	<u>Home for Aged</u>	<u>Rest Home</u>	<u>Nursing Home</u>	<u>Total</u>
1. Doing Volunteer Work in Community Organizations	2	0	17	19
2. Belonging to Other Clubs Or Organizations Outside the Institution	26	13	61	100
3. Engaging at Least Monthly in Cultural Activities (Films, Plays, Sporting Events) Outside Your Institutions	30	59	193	282

SOURCE: CNVH&MHPC, Health Systems Plan, October, 1975.

However, the fact that 30 individuals living in homes for the aged participate in cultural activity at least once a month does not mean that all of the elderly in this type of institution are being provided with adequate transportation. In general, these individuals are more likely to be more mobile and independent than those elderly living in nursing homes or rest homes. However, many of these individuals simply remain secluded within their institution because these institutions are unable to provide transportation and family members have forgotten about their needs. The isolation of elderly individuals does not imply that these individuals wish to remain institution bound. Often times, nursing homes and homes for the aged implicitly discourage the mobility of their patients by assuming that they are incapable of traveling on their own or engaging in activities outside of their institution.²³

However, there is a growing interest in providing milieu which maximize a resident's opportunity for independence.²⁴ This concern has been supported by CNVH&MHPC in its

²³ Mental Health Care and the Elderly: Shortcomings in Public Policy. A report by the Special Committee on Aging, United States Senate, U. S. Government Printing Office, P. 15.

²⁴ Ibid.

1975 Health Systems Plan for the CNVR. They indicate that there is:

1. a need for more flexible "partial hospitalization" policies by nursing homes;
2. a need for alternatives to institutionalization which could give more support to families who would keep a mentally ill elderly parent at home. One very important alternative might be to encourage nursing homes to offer day programs for elderly who would return to their own homes at night.²⁵

These concerns, raised by the CNVH&MHPC, imply that one of the essential components of successful treatment of the elderly is transportation. Day programs and partial hospitalization require some form of transportation to carry these individuals between their institution and their home and between their institution and other activity centers within the community.

As of March, 1975, only four of the thirty extended care facilities surveyed in the CNVR had a partial institutionalization policy for clients within their programs.²⁶

The Lutheran Home for the Aged in Southbury, Pine Manor in Waterbury and the

Waterbury Convalescent Home had a total of 35 individuals involved in partial treatment.²⁷

These individuals are generally transported by family members in private cars but on occasion B & C Medical Service or one of the ambulance services is used.²⁸

Though few elderly participate in part-time programs in extended care facilities, a recent change in medicaid and medicare legislation may encourage health administrators to provide institution bound and non-institutionalized elderly with health care programs on a part-time basis. Such a change in extended care programs might

²⁵ Health Systems Plan for the Central Naugatuck Valley Region, October, 1975, CNVH&MHPC, P. C-89.

²⁶ Detailed Survey Results of Extended Care Facilities in the Central Naugatuck Valley. CNVH&MHPC, March, 1975.

²⁷ Ibid.

²⁸ Interview with Ms. Farris, Director of Waterbury Convalescent Center, November, 1975.

improve the morale of the institution bound elderly and offer more palatable health care treatment to those who are living in the community. In either case, partial institutionalization will certainly increase the mobility of the elderly and require the establishment of some form of regular transportation to handle their needs.

The options are: (1) these extended care facilities may desire to purchase their own buses or (2) establish a contract with a private contractor, an elderly mini bus or livery service, equipped with suitable equipment to carry non-ambulatory patients. To some extent, the type of transportation service established to serve the elderly will depend upon the number of individuals involved in these programs. If partial institutionalization never becomes a popular program, then family members will continue to handle their needs. However, if partial institutionalization gains widespread acceptance, then extended care facilities, individually or as a group, might find it attractive to develop their own specialized transportation systems or establish a contract for transportation with a chair car service.

Presently, none of the rest homes, nursing homes, or homes for the aged are providing regular transportation for their patients.²⁹ On occasion, these organizations do hire a large bus to transport their patients to outside activities, but these events are the exception rather than the rule. The vast majority of the institutionalized elderly have less contact with the outside world than the elderly who are still able to support themselves in a non-institutional setting.

This isolation and immobility of the elderly appears to have many negative effects upon their health and well being. According to a report by the Special Committee on Aging titled, Mental Health Care and the Elderly: Shortcomings in Public Policy,

"Perhaps the greatest barrier to mental health of an institutionalized patient (and nursing homes are also institutions) is isolation. He often feels 'put away' and abandoned by family and friends. This feeling of isolation can lead to depression,

²⁹ Interview with Frank Farrell, Mental Health Planner, at the CNVH&MHPC, November, 1975.

dependence, confusion and finally complete withdrawal from the world around him.

Sunday visits from the family are not enough to prevent deterioration." 30

(emphasis added)

As can be seen from the table below, less than 13% of the institutionalized elderly living in the CNVR were involved in cultural activities outside of their institution at least once a month at the time that the CNVH&MHPC survey was conducted.

Level of Participation of the Elderly

in Activities Outside Their Institution: 1975

	Total Number Involved In Activities At Least Once a Month	Total Institutional Population Surveyed, March, 1975	Percent of Those Surveyed Who Travel Out- side of Insti- tution at Least Once a Month
Home for Aged	30	188	16.0
Rest Home	59	215	27.4
Nursing Home	193	1,507	12.8
Total	282	1,910	14.8

SOURCE: CNVH&MHPC Health Systems Plan, October, 1975.

In contrast, 96% of the elderly residents of the CNVR surveyed by Operation Outreach made visits to friends or relatives at least once a month. While this vast discrepancy is due to the reduced mobility of the physically and mentally disabled elderly living in these institutions, many of these individuals may be confined to their institution simply because no one has provided them with (1) transportation or (2) with meaningful activities in their immediate community.

30

Mental Health Care and the Elderly: Shortcomings in Public Policy. A report by the Special Committee on Aging, United States Senate, P. 92.

The Handicapped

According to the U. S. Census, 10,387 persons, 16-64 years of age, in the Central Naugatuck Valley Region were handicapped or disabled in 1970.³¹ As the terms are used by the U. S. Census Bureau, a handicapped or disabled person is one who has a physical, medical, emotional, or developmental condition which limits the type of work he or she can do. Of the 10,387 handicapped persons identified by the U. S. Census, 26%, or 2,650, handicapped persons were actually disabled for 6 months or more. More recent data from social service agencies in the Waterbury Area indicates that the actual number of handicapped persons may be considerably less than 10,387. Data from the State Board of Education indicated a total of about 2,225 handicapped persons (of which 500 were physically handicapped and mentally retarded children) enrolled in school in the Waterbury SMSA during 1974-1975. The Waterbury Regional Center in Cheshire has identified, as of March, 1975, a total of 867 clients of four social service agencies offering programs for the disabled. The four agencies are the Easter Seals Rehabilitation Center of Greater Waterbury, Inc., United Cerebral Palsy, Waterbury Association of Retarded Citizens, and the Waterbury Regional Center. In addition, in 1975, the State Department of Vocational Rehabilitation had an estimated 1,500 clients in the Central Naugatuck Valley Region with another 1,000 residual³² clients from previous years. These clients are individuals who are generally of employable age ranging from 15 to 90 years of age. However, Charles Winans, Director of the Waterbury district office of Vocational Rehabilitation, indicated that as a rule, very few of his clients were over 60 years of age.³³ Furthermore, Mr. Winans stated that less than 30 individuals or less than 1% of all the clients are the same clientele served by the Waterbury Regional Center in Cheshire.

³¹U. S. Census of Population and Housing, Second and Fourth Count Data Files.

³²The residual category includes previous clients of the Department of Vocational Rehabilitation, who are no longer receiving assistance.

³³Interview with Charles Winans, Director of the Waterbury District of the Department of Vocational Rehabilitation, November, 1975.

Though no exact figure is available for the total number of handicapped residing in the Central Naugatuck Valley Region, due to the fact that there is some overlap between the clients of the various agencies, a minimal estimate would be 5,000 individuals. As can be seen in the table below, the maximum estimate for the next fiscal year would bring the total slightly over 6,300 individuals or less than 3% of the Region's population.

Handicapped Persons Identified by Local Agencies
in the Greater Waterbury Area*

	<u>1974-1975</u>	<u>1975-1976</u>
Waterbury Regional Center, et al	864	1,009
Board of Education	2,225	2,225
Department of Vocational Rehabilitation	1,500	1,800
Department of Vocational Rehabilitation Residual Clients	<u>1,000</u>	<u>1,000</u>
	5,592	6,351

*The Greater Waterbury Area includes the Municipalities of Middlebury, Cheshire, Naugatuck, Prospect, Watertown, Waterbury and Wolcott.

SOURCE: Waterbury Regional Center and the Department of Vocational Rehabilitation, 1975.

Based on U. S. Census data for handicapped persons 16 to 64 years of age in 1970, the majority of these persons lived in Waterbury and its contiguous urbanized areas. Of the 2,650 handicapped persons, disabled for over 6 months, 48% lived in Waterbury and as many as 70% lived in the Region's urbanized areas covering Naugatuck, Watertown and Waterbury (see Table XII).

In 1975, the Waterbury Regional Center developed a similar profile of the location of the Region's handicapped. Approximately 62% of the clients of the Waterbury Regional Center, the Easter Seals Rehabilitation Center of Greater Waterbury Inc., United Cerebral Palsy of Greater Waterbury and the Waterbury Association for

Retarded Citizens, resided in Waterbury during 1975. Of the 592 handicapped persons identified as clients of these four agencies in Waterbury, the largest concentrations lived in the same census tracts in which the U. S. Census indicated the elderly were most concentrated. Approximately 30% of all the handicapped clients identified by the Waterbury Regional Center lived in the inner city (Census Tracts 3501-3505) with another 25% residing immediately to the south of the inner city in Census Tracts 3512-3516. The geographic location of these persons in Waterbury and the Region is presented in Tables XI and XII.

Causes of Immobility

There are a variety of factors that limit the mobility of the handicapped in the Region. Generally, physical disabilities, lack of coordinated body movement, insufficient home training in independent travel and emotional problems influence the capabilities of the handicapped to travel on their own. However, environmental factors may further impede their mobility when public facilities and transit vehicles are not designed for the easy access of the handicapped. As with the elderly, the existing bus system may restrict their full mobility due to a lack of bus routes, infrequent service, no evening or weekend service, difficult entry and exitways on buses, and expensive bus fares.

The fact that the elderly and handicapped share the same transportation problems, is not merely a coincidence. According to one study³⁴, 53% of all the nation's handicapped persons are also elderly. Like the elderly, handicapped persons are less able to use convenient modes of public transit; but, unlike the elderly, they are less likely to own or operate an automobile. This is often due to their physical or developmental impairments, but just as often, it is due to the fact that they have received no physical training or therapy to improve their abilities to travel on their own.

³⁴ George Amedee, Demand Responsive Transportation for the Elderly and Handicapped and Poor, Undated and Unpublished.

Though some handicapped individuals are unable to use conventional public transit, there are many who with training and assistance could ride by bus.

Physical Disabilities

There are a variety of disabilities that may impede the free mobility of the handicapped. Limb malfunctions, perceptual, visual or hearing impairments, mental retardation, emotional disturbances and orthopedic impairments are the major problems that may limit a handicapped person's ability to use public transportation. A list of these major disabling conditions and their effect on mobility is presented in Table XIII. As can be seen in Table XIII, degenerative conditions associated with aging, hereditary and congenital conditions, and disease and damage to the nervous system are the three major types of disabilities that lead to limited mobility. However, many of these disabilities can be overcome by travel training, orthopedic supports, wheelchairs, or the provisions of barrier free public buses.

Mentally Retarded

The mentally retarded provide a clear example of the extent to which the handicapped can adjust to public travel.

According to a report by the President's Committee on Mental Retardation, there is a strong need to develop independent travel for the mentally retarded since they are generally dependent on others for transportation for their entire lives. The Committee concluded,

"The tragedy of this dependence is that, in most cases, it is not necessary. The mentally retarded have been trained to travel independently on public transportation, to drive automobiles, and even to drive buses. The retarded are capable of traveling independently - even those with very low I.Q.'s - and should be trained to their maximum capability."³⁵

Though much effort and early childhood training is necessary to teach mentally

³⁵ The President's Committee on Mental Retardation: Transportation and the Mentally Retarded, June, 1975, P. 11.

retarded persons to use public transportation, these efforts can contribute to the life long independence of these individuals. Travel training programs for young adults in other parts of the nation have succeeded in teaching independence to most mentally retarded persons. A training program conducted by New York succeeded in teaching independent travel to 53% of all 378 trainees in its program.³⁶ A 1973 Connecticut Department of Vocational Rehabilitation survey of its clients revealed that the mentally retarded or emotionally disturbed was the single largest group of handicapped persons in the seven towns of The Greater Waterbury Area. The table below indicates that of the 1,200 handicapped in the Greater Waterbury Area, 300 of them were mentally retarded or emotionally disturbed.

Analysis of the Disabilities of Clients of the Department of Vocational Rehabilitation in the Greater Waterbury Area: 1973

<u>Number</u>	<u>Percent</u>	
156	13%	Orthopedically Impaired
216	18%	Visually Impaired
144	12%	Hearing Impaired
216	18%	With Limb Malfunction
300	25%	Mental Retardation and Emotionally Disturbed
168	14%	Perceptually Impaired
1,200	100%	

SOURCE: Department of Vocational Rehabilitation

Wheelchair Users

Though wheelchair users constitute a small fraction of the total population, their transportation needs are much greater and more difficult to meet than most of the

³⁶ Ibid.

elderly and handicapped residents of the Region.

In 1975, the Department of Vocational Rehabilitation had less than 60 wheelchair users out of a total of 1,500 clients in the Central Naugatuck Valley Region.³⁷ Similarly, the Waterbury Regional Center has identified only 20 wheelchair clients out of a total of 300 individuals participating in their evening social and recreational programs.³⁸

Modes of Travel

While these agencies have a small number of wheelchair clients, based on 1970-1975 estimated local sales of wheelchairs in the Waterbury area, the number of wheelchair users in the Region may be as high as 500.³⁹ Furthermore, when wheelchair rentals in the Waterbury area are included, there may be as many as 200 to 300 additional persons who are temporarily dependent upon the use of these devices to move about. Though there may be as many as 800 wheelchair users in the Region, this represents less than one third of one percent of the Region's total population.

Lack of Access to Transportation

For some handicapped, physical disabilities may be less of an obstacle to the use of public transportation than their distance from a bus route. Approximately 20% of all the handicapped persons living in Waterbury identified by the Waterbury Regional Center reside in neighborhoods where bus service is inconvenient for their normal use. As many as 110 of the 592 handicapped persons identified by the Waterbury Regional Center live in neighborhoods located in the periphery of the city and in areas where bus service is limited or non existent.

In the suburban municipalities, the situation appears to be far worse with little or no bus service available to any segment of the population. Though no accurate

³⁷ Interview with Charles Winans, Director of the Waterbury District Office of the Department of Vocational Rehabilitation, December, 1975.

³⁸ Interview with Tom Condon at the Waterbury Regional Center, December, 1975.

³⁹ Interview with the owner of the largest retail wheelchair outlet in the CNVR, December, 1975.

estimate is available on the convenience of suburban bus service for the handicapped, it is reasonable to conclude that the convenience of suburban buses is comparable to that stated by the Region's elderly in the 1975 Operation Outreach survey. In effect, this would mean that over 83% of the Region's handicapped persons are not conveniently served by buses in the suburbs.

Modes of Travel

Presently, most of the clients of the Department of Vocational Rehabilitation are transported by family members. According to Mr. Winans, very few of his clients travel by taxi, livery, public buses or chaircar service. However, Mr. Winans acknowledged that there are a large number of his clients who do travel independently. Some can use public transport while there are others (a select minority) who are able to drive themselves with or without special hand controls mounted on the dashboard of their automobile. Only 40 of the Department's 1,500 clients were totally homebound. These 40 individuals represented approximately 3% of the total handicapped population served by the Department of Vocational Rehabilitation in the Greater Waterbury Area.

In contrast to the modes of transportation mostly used by clients of the Department of Vocational Rehabilitation, clients of the Waterbury Regional Center generally travel by a municipal school bus when going to school or a workshop program. A survey conducted by the Waterbury Regional Center in July, 1975, found that most of their clients arrived at their program by school bus, about 20% by private automobile, with another 24% traveling by public bus, taxi or Curtin Livery.

Though the number of handicapped individuals sampled was small, the table below indicates that these individuals make greater use of public bus service, livery service and taxicabs than the elderly or the general population.

Mode of Transportation Used by Those Provided with Transportation
Services to Daily School or Workshop Program or to an Evening Activity: 1975

	<u>Total</u>	<u>Percent</u>
Curtin Livery	15	23.0
Taxi	1	1.5
Family or Friends	14	21.5
B & C Medical Service	2	3.1
School Bus	23	35.4
North East Bus Company	1	1.5
Social Service Transportation (e.g., Waterbury Area Rehabili- tation Center, United Cerebral Palsy, The Easter Seal Re- habilitation Center of Greater Waterbury, Inc.)	9	12.3
	65	100

SOURCE: Waterbury Regional Center, Survey of Area
Clients, 1975.

Transportation Needs of the Handicapped

The Waterbury Regional Center has recently done extensive work in identifying the transportation needs of the handicapped. In March, 1975, the Waterbury Regional Center conducted a survey of handicapped residents in the Waterbury Area which indicated that the transportation needs of these individuals are not currently being met. According to the Waterbury Regional Center, there are four primary transportation needs of the individuals they surveyed:⁴⁰

1. Routine transportation to alternative work sites
2. Routine transportation to workshops (morning to early afternoon)
3. Semi-regular transportation to clinic services for physical therapy
4. Transportation to evening recreation programs.

⁴⁰ CE Maguire, Inc., Short Range Transit Development Program, October, 1975, P. 111.

The survey consisted of a mail-back questionnaire which was sent to 650 handicapped persons in the CNVR. The results of the survey are based on the 20% who responded. The survey found that 66% of the handicapped were provided with transportation services to a daily school or workshop program while 34% are without transportation services.

Based on the survey, many handicapped individuals appear to be without sufficient transportation to meet all of their needs. When asked if they would make use of transportation services if provided by the Waterbury Regional Center, 83% said yes. The majority of those who indicated an interest in making use of transportation services were individuals without any form of daytime, evening or weekend transportation. Slightly more than two out of every three handicapped individuals who indicated a need for more transportation were without transportation at the time of the survey. Like the elderly, handicapped individuals tend to be less mobile in the evenings and on weekends since many public forms of transportation are not available. As an example, the lack of evening bus service often limits their access to recreation programs or forces them to depend upon the more convenient, but more expensive, taxicab. In turn, their activities may be further limited because their incomes are too low and they are unable to operate an automobile.

As an alternative to expensive cab service, the Waterbury Regional Center (WRC) in conjunction with the Knights of Columbus and the Waterbury Association for Retarded Citizens established a contract with Curtin Livery Service in October, 1974, to provide door-to-door service to its clients.⁴¹ When the service started, it served 79 persons, but by December, 1975, as many as 150 handicapped persons had subscribed to the service, generally using it to travel to evening social and recreational activities taking place within the Region.⁴² Though this transportation service has

⁴¹ The Voice, "Door-To-Door Transportation Available," September - December, 1974, Waterbury Regional Center.

⁴² Interview with Tom Condon of the Waterbury Regional Center, December, 1975.

only been in operation for a year, it has already increased the attendance of clients at evening social and recreational programs and contributed to the center's overall goal of expanding participation in community programs and activities.

According to the Waterbury Regional Center, as many as half of all the handicapped persons traveling to evening activities sponsored by WRC are transported by Curtin Livery Service.

While this door-to-door service is providing greater mobility for some handicapped persons, there are still many who are homebound during the evening or weekend hours. As many as 72% of the handicapped persons surveyed by the Waterbury Regional Center indicated that they did not have any means of transportation available to attend evening or weekend activities.

The need for additional transportation for the handicapped will continue to expand as these social service agencies place all of their clients back in their own community.⁴³ Reintegration of the handicapped into the community has expanded rapidly with twice as many of the Waterbury Regional Center clients placed in a non-institutionalized setting in 1975 than in 1972.⁴⁴

While 37% of the 128 handicapped persons that left the Waterbury Regional Center in 1974 were placed in their own homes, as many as 59% were placed in group homes, foster homes, convalescent homes, nursing homes, or boarding homes.⁴⁵ Unlike handicapped

⁴³Interview with Angela Buttacavoli at the Waterbury Regional Center, December, 1975. However, most of the clients of Easter Seal Rehabilitation Center of Greater Waterbury, Inc., United Cerebral Palsy and the Waterbury Association of Retarded Citizens live at home. Of the 467 clients on file in these three agencies, 419, or 88%, lived at home in 1975.

⁴⁴If We Could Only Get There: Unpublished and Undated, The Waterbury Regional Center.

⁴⁵Interview with Angela Buttacavoli at the Waterbury Regional Center, December, 1975.

persons living at home who may be able to obtain a ride in the family car, those living in institutions have fewer transportation options available. Like the elderly living in an extended care facility, handicapped persons need to be provided with regular outside activities since mobility is a key element of any program designed to improve their morale and strengthen their self esteem.

Characteristics of Transit Systems Serving the Elderly and the Handicapped

There are a variety of transportation services available for elderly and handicapped residents of the Region. Buses, taxis, liveries, chair car services, inter city bus lines, commuter rail service, elderly mini bus programs, and social service mini bus services all provide some form of transportation for the elderly and handicapped in the Region.

In Waterbury, North East Transportation provides local bus service with limited service to Watertown, Wolcott and Middlebury. Elderly and handicapped persons in the City of Waterbury are also serviced by Waterbury Yellow Cab, B & C Medical Service and the Mini Transit Service for local transportation.

In the suburban municipalities, public transportation is limited or non existent. At present, only 6 of the Region's 12 suburban municipalities are served by inter city buses. Bus service is provided by Bonanza Bus Line between Southbury and Waterbury, by Connecticut Company for service between Waterbury, Cheshire and New Haven, by Corbin Coach for service between Waterbury and Hartford, Arrow Bus Line and Valley Transportation for service between Naugatuck and Waterbury, and less frequent more irregular runs exist between Waterbury and Thomaston (Arrow) and between Waterbury and Beacon Falls (Valley).

Similarly, taxi service is limited and often inadequate for elderly residents living in the suburbs. Only the municipalities of Cheshire, Prospect, Thomaston, Watertown and Southbury are provided with local cab service and of these only Watertown has 24 hour, seven days a week service. While taxi service is limited, all of the

suburban municipalities, with the exception of Middlebury and Beacon Falls, are provided with one or more mini bus services for the elderly. These mini bus programs are relatively small at present, serving approximately 9% of the suburban elderly, but appear to offer a substitute for limited suburban bus service.

In addition, there are a wide variety of private organizations and social service agencies providing transportation for the elderly for special trip purposes. A complete listing of these services can be found in the CNVRPA publication, A Consumer's Guide to Transportation in the Central Naugatuck Valley Region.

Finally, the cities of Naugatuck and Waterbury are served by the Penn Central Rail Line connecting the Region with Bridgeport and New York City.

Bus Service

The North East Transportation Company provides regular bus service within two blocks of almost all the elderly housing projects in Waterbury (see Figure I).

However, this does not mean that all of the elderly living in these buildings are able to use the service. Often times, the steep Waterbury hills or the physical disabilities of the elderly may limit their use of public bus service. Furthermore, since the North East Transportation Company no longer provides evening and weekend service, the city's elderly are not able to rely on bus service as their only form of transportation. Friends, relatives, or the more expensive taxicab must serve as a backup means of travel whenever bus service is not available.

Regular bus service is also provided within one block of 18 of the 22 extended care facilities serving the elderly (see Figure II). As a rule, these institution-bound elderly have been infrequent users of public bus service. The difficulties of entering and exiting off conventional buses, their physical and mental disabilities, and their lack of familiarity with bus routes have forced them to rely on relatives or chair car services to move about within the city. However, many of these problems



LOCATION OF ELDERLY HOUSING IN WATERBURY 1975



ELDERLY HOUSING



EXISTING BUS ROUTE

SOURCE: WATERBURY MINI T
& C.E. MAGUIRE



LOCATION OF EXTENDED CARE FACILITIES—WATERBURY:1975

● extended care facilities
— existing bus routes

source: CNVH & MHPC

WATERBURY EXTENDED CARE FACILITIES: 1975

NAME	ADDRESS	BED CAPACITY	NUMBER OF BUS LINES	CLOSEST BUS ROUTE
1. Waddell Boarding Home	37 Johnson St.	3	9	1 Block
2. Willow Rest Home, Inc.	94 Willow St.	30	9	1 Block
3. Central Rest Home Corp.	9 Cliff St.	44	9	1 Block
4. Cliff Convalescent Home	21 Cliff St.	56	9	1 Block
5. Hillside Manor Retirement Home	157 Hillside Ave.	23	9	1 Block
6. Birchwood Rest Home	140 Willow St.	29	9	1 Block
7. Pine Manor Rest Home	1312 W. Main St.	18	9	1 Block
8. Fleetcrest Manor	62 Fleet St.	18	16	1 Block
9. Southmayd Home, Inc.	250 Columbia Blvd.	37	9	1 Block
10. Oakcliff Convalescent Home	71 Plaza Ave.	75	9	1 Block
11. New Horizons Convalescent Home	1243 W. Main St.	129	6,7,8	1 Block
12. Park Manor	1312 W. Main St.	148	6,7,8	1 Block
13. Whitewood Manor Nursing Home	177 Whitewood Rd.	180	7	1 Block
14. Waterbury Convalescent Center	2817 N. Main St.	120	3	1 Block
15. Cedar Lane Nursing Home	128 Cedar Ave.	180	15	2-3 Blocks
16. Medicare Pavilion	1132 Meriden Rd.	90	15	1 Block
17. Waterbury Rest, Inc.	6 Indian Trail	4	15	2-3 Blocks
18. East End Convalescent Home	3396 E. Main St.	60	1	4-5 Blocks
19. Hope Hall Convalescent Home	355 Piedmont St.	34	16	1 Block
20. Rose Manor	107 Southview St.	22	2	1 Block
21. Grove Manor, Inc.	145 Grove St.	60	6,7,8,9	1 Block

SOURCE: Central Naugatuck Valley Health and Mental Health Planning Council, November, 1975.

16. Valley Mall Manor	60 Glenbrook Ave.	90	1-2 Blocks
17. Warner Garden Apts.	Warner St.	150	1-2 Blocks
18. Westview House	170 Hillside Ave.	80	1 Block
19. William Beeg Apts.	1106 Bank St.	67	1-2 Blocks

Estimated Total Residents - 1,858
 304 Alone - 328
 704 With Spouses - 1,530 (e.g., 762 x 2)

SOURCE: The Waterbury Mall Transit Service, November, 1975; and, CE Magazine, Short Range Transit Development Program, October, 1975.

WATERBURY ELDERLY AND LOW-INCOME HOUSING UNITS: 1975

HOUSING UNIT	ADDRESS	TENANTS	NUMBER OF BUS LINES	CLOSEST BUS ROUTE
1. Bergin Apts.	70 Lakewood Rd.	98	3	2-3 Blocks
2. Berkeley Heights	9 Harris Circle	46	14	2 Blocks
3. Carlton Towers	120 Hillside Ave.	66	9	3 Blocks
4. East Gate Apts.	2171 E. Main St.	101	1	1 Block
5. Fairmount Project	283 Colonial Ave.	258	10	2 Blocks
6. F. D. Roosevelt Apts.	Kearney Dr.	48	3	2-3 Blocks
7. Garden Hall Apts.	168 E. Main St.	48	1,7,9,11,15	1 Block
8. Hamilton Park House	1660 E. Main St.	92	7	1 Block 1 Block
9. Lambda Rho Apts.	330 Bishop St.	16	10	2-3 Blocks
10. Mallview Apts.	30 Framingham Dr.	86	11	2 Blocks
11. Meridian Apts.	203-216 Store Ave.	NA	9	1 Block
12. Nottingham Towers	31 Nottingham Terr.	165	10	1 Block
13. Prospect Towers	34 Prospect St.	78	All	1 Block
14. Robin Ridge Apts.	990 W. Main St.	87	6,7,8	1 Block
15. Savings Tower	45 Savings St.	64	All	1 Block 1 Block
16. Valley Mall Manor	80 Glenbrook Ave.	90	11	1 Block
17. Warner Garden Apts.	Warner St.	150	14	1-2 Blocks
18. Westview House	170 Hillside Ave.	80	3,6	1 Block
19. William Begg Apts.	1106 Bank St.	67	3	1-2 Blocks

30% Alone - 328
 70% With Spouse - 1,530 (e.g., 765 x 2)
 Estimated Total Residents - 1,858

SOURCE: The Waterbury Mini Transit Service, November, 1975; and, CE Maguire, Short Range Transit Development Program, October, 1975.

will be corrected when North East receives its new buses designed with low entrance steps, wide doorways, non-skid flooring and special lighting for easier entry and exit. When these new buses are introduced along routes passing by extended care facilities, many of the elderly who have been reluctant to use public transit might be attracted to travel on their own. Certainly, the fact that most institution-bound elderly must depend upon family or friends to travel about has tended to limit their mobility and increase their sense of being "put away" by family members. The new public buses, adapted to the physically and mentally disabled, will be in operation in 1977 and should play an important role in improving their ability to travel about on their own.

Mini Bus Service

Though bus service is limited to the City of Waterbury with occasional runs to Watertown and Wolcott, nearly all of the Region's municipalities are provided with more specialized mini bus service geared to meeting the transportation needs of the elderly.⁴⁶ Only the municipalities of Bethlehem, Beacon Falls and Middlebury are without a municipally operated mini bus for the elderly. As of September, 1975, 14 organizations were operating 19 mini buses for the elderly in the CNVR. These organizations are presented in Table V. Presently, these 14 organizations serve approximately 7 percent of the total elderly population (60 and over), in 1975, in the CNVR and provide over 100,000 passenger trips per year to elderly residents of the Region (see Table V). More importantly, these services provided 2,489 of the Region's elderly with transportation. While this is less than 10% of the total population of the Region, it represents a considerable improvement over previous levels of service within the Region. Indeed, in 1969, the State Department on Aging reported that there were only 2,891 unduplicated users of transportation services funded under Title III in the entire State of Connecticut.

⁴⁶ A detailed listing of the Region's Mini Bus Services is provided in the CNVRPA publication, A Consumer's Guide to Transportation in the CNVR, September, 1975.

With the exception of Fish of Woodbury, The Bethlehem Lions Club, the Heritage Village Mini Bus, and the Waterbury Mini Transit Service, all of the Region's mini buses are intended for the exclusive use of individuals over 60 years of age. While Fish, Mini Transit and Heritage Village carry individuals under 60 years of age, these organizations emphasize that their service is primarily intended for the elderly. Nearly 35 percent of all Mini Transit users are over 60 years of age. Similarly, many users of the Heritage Village Mini Bus are over 60 years of age since the Heritage Village Corporation requires that at least one spouse living in this retirement community be 50 years of age.

The majority of the Region's mini buses are funded by the Area I Agency on Aging (through Title III of the Older Americans Act). Some of the Region's municipalities have proceeded to develop mini bus services with more flexible regulations allowing for local discretion in the use of the vehicle. Presently, Naugatuck, Cheshire, Woodbury and Oxford have mini bus services for their elderly entirely supported by local funds. Indeed, one mini bus service operated in conjunction with the Cheshire Senior Day Center, has gone as far as obtaining funding from the League of Women Voters with matching funds provided by the town.

The principal advantage of local funding of mini buses is that administrative decisions remain with local leaders who may elect to use their vehicles to serve other needy groups when and if the occasion arises. In contrast, when mini buses are entirely funded through Title III of the Older American Act, their services cannot be extended to nonelderly individuals and groups in need of transportation even if a need exists which is not being met by other forms of transportation.

It is not simply a coincidence that the only elderly mini bus services which are considering extension of their service to non-elderly groups are both totally town funded. The Cheshire Mini Bus has sought to extend its service to other groups such as handicapped children at the Waterbury Regional Center and residents at the Cheshire Correctional Center. Similarly, the Oxford Community Carpool has extended

the use of their service to children needing transportation for medical or therapeutic purposes outside of their community.

These local efforts indicate that transportation for the elderly need not be separated from the broader transportation needs of other transit dependent groups within the community. Indeed, if mini bus service is to be a viable form of local and intertown transportation within the Region, efforts must be made to extend service beyond the specific needs of the elderly to the broader transportation needs of the handicapped, youth, and those without access to an automobile. In so doing, mini bus transportation will become more efficient and may very well serve as a regional feeder system for fixed route public bus transportation centering on the city of Waterbury.

Out of Town Service

As of the fall of 1975, seven of the ten municipally sponsored organizations providing elderly transportation in the suburban municipalities offer once a week mini bus service to Waterbury. Only the municipalities of Cheshire, Naugatuck, and the private mini bus operated by Heritage Village have limited their service to the boundaries of their town. However, one of these three services, the Cheshire Senior Day Center, may soon extend its service to other areas of the Region since some of the medical and shopping needs of its elderly require transportation to a larger city or urbanized area.

Social Service Transportation Systems

In addition to the Region's 14 mini bus services, there are at least 18 social service agencies located in Waterbury that provide transportation for special trip purposes. The American Cancer Society, the Connecticut State Welfare Department, Easter Seals Rehabilitation, Inc., United Cerebral Palsy of Greater Waterbury, Waterbury Association for Retarded Citizens, Morris Foundation, Fish of Waterbury, and Community Services of NOW, Inc., are the most prominent and pertinent to immobile

residents of the Region since they provide a limited amount of transportation to elderly for medical treatment.

Unlike the Region's Title III funded mini buses which have generally been used as town buses for the exclusive use of the town's elderly, many of the vehicles operated or sponsored by Waterbury social service agencies provide a Regional service. The American Cancer Society, Morris Foundation, and the State Welfare Department provide transportation service to the entire Central Naugatuck Valley Region while United Cerebral Palsy of Greater Waterbury serves a three town area and Fish of Waterbury serves a five town area surrounding Waterbury. Though these services are infrequently used by most elderly, they do provide transportation in three municipalities of the Region which are presently without municipally sponsored mini buses.

Despite the fact that the Region's Social Service Transportation systems are not in the business of providing full-time transportation, as a group they provide more transportation than most of the federally or town funded mini buses. In fiscal year 1974-75, the Region's social service agencies made an estimated 209,550 passenger trips of which nearly all were provided within the Region. In contrast, the Region's elderly mini buses made only 83,000 passenger trips during the same period (see Table VII).

Another indication of the overwhelming emphasis social service agencies have placed on the mobility of their clients can be seen in their annual expenditures for transportation. In fiscal year 1974-75, 8 of the Region's social service agencies spent over \$170,000 on the transportation of their clients (see Table VIII). In most cases, these agencies have underestimated the true costs of their transportation service since many do not include administrative or the purchase of equipment costs in their annual budget.

Taxi do not offer 7 days a week, 24 hour a day service. The suburban cab companies

provide 6 days a week service with no service on Sundays or after 6:00 p.m. Another convenient, but more expensive, form of transportation used by some elderly is the taxicab. Presently, the Region is served by five taxi companies, two of which serve the City of Waterbury. Waterbury Yellow Cab Company provides service to Waterbury and Watertown, while the Majestic Cab Service covers Waterbury and Prospect. Together, these two companies served an estimated 222,000 passengers in 1974 of which as many as 50%⁴⁷ were elderly.

Though taxis are not the primary means of travel for most elderly, elderly account for a disproportionate share of all taxi riders. In part, the difficulties of walking to a bus stop, the uncertainties of relying on family or friends for transportation, and the low level of auto ownership among the elderly has often forced many elderly to use the more expensive but more convenient taxi cab. This has been especially true for those elderly needing to travel on weekends or evenings, when no public bus service is available and specialized transportation systems like Mini

Transit are not in operation. Through the service is available to the elderly for any. Unlike other public modes of transportation, While the elderly are the most frequent users of the taxicab in Waterbury, they are often the least able to afford it. A survey of elderly taxi riders, conducted in December, 1975, found that as many as two-thirds of all the elderly cab users lived on incomes below \$5,000 a year. These individuals are hesitant to use cabs even when they need to travel because cab fares are relatively high at \$1.69 a trip.⁴⁸ Indeed, if the tip is included and the return fare is considered, an elderly person may spend about \$4.00 every time he or she hires a taxi.

For those living in the suburban municipalities of Cheshire, Southbury, and Thomaston taxi service is also available. However, the three companies operating in these towns

⁴⁷ CNVRPA taxi survey of Waterbury Yellow Cab riders, December, 1975 - January, 1976.
⁴⁸ CNVRPA Recent Trends of Selected Transportation Modes and Facilities in the Central Naugatuck Valley Region, January, 1976, P. 16.

do not offer 7 days a week, 24 hour a day service. The suburban cab companies only provide 6 days a week service with no service on Sundays or after 6:00 p.m.

Though the suburban cabs offer transportation to the elderly on Saturdays, when the Region's mini buses do not operate, they provide little or no evening service. This has meant that elderly living in the suburban municipalities who do not own an automobile have had to face limited mobility or dependence on others for travel.

Chair Car Services

For some elderly individuals, who, because of physical disabilities are unable to travel by bus or taxi and do not have relatives or friends to carry them about, B & C Medical Service's chair car may be the only alternative. B & C's chair car service is available to all residents of the CNVR on a 7 day a week, 24 hour a day basis with special emphasis on the needs of the handicapped.

Though the service is available to the elderly for any trip purpose, it is primarily used for trips to medical facilities. Unlike other public modes of transportation, chair car service provides trained personnel to assist nonambulatory and disabled individuals while traveling in their vehicles. Partly as a result of these extra services, transportation by chair car is considerably more expensive than normal public transportation. Presently, the base rate for using a chair car service is \$15.00 with cheaper rates for groups or long distance travel.

Evaluation of the Transit System in Meeting the Needs of the Elderly and Handicapped

The existing transit system is faced with a variety of problems in meeting the needs of the elderly and handicapped. In most cases, the transportation systems serving these groups have not been in operation long enough to be able to respond to all their needs or to be operated in an efficient manner. In addition, the relative newness of these specialized mini bus services has resulted in (1) many areas of

duplicate service; (2) lack of coordination with other mini bus services; (3) lack of coordination with existing public transportation (e.g., public buses and taxicabs); and, (4) a limited use of these vehicles within the Region.

Expansion of Mini Bus Service

Perhaps the most salient problem of the existing mini bus services is that they have not fully served all of the elderly in need of transportation. Less than 10% of the Region's elderly have ever used mini buses (see Table IV) even though this form of transportation is free to anyone over 60 years of age living in a municipality with a municipally sponsored mini bus service. So far, part of the reason for the limited service has been due to a lack of advertising and a limited promotion of mini bus service for potential nonelderly groups with limited mobility.

However, another equally important problem is the disorganized scheduling systems of the municipally sponsored mini buses. Most of the Region's suburban mini bus services have allowed their service to be used primarily for shopping and recreation often completely overlooking the more pressing need for medical transportation among the elderly. In effect, by not mentioning that mini bus service can be used by the elderly for medical needs, many of the mini buses have come to play a minor role in supplying medical transportation in the Region. As can be seen in Table XIV, with the exception of Waterbury's Mini Transit Service which gears its transportation to the medical needs of the elderly, most of the suburban mini buses provide few, if any, of their passengers with medical transportation. This problem could be corrected by advertising and printed schedules indicating specific days or hours for medical transportation.

Another important means of expanding the function of municipal mini bus services would be to allow other immobile non elderly groups to use the service. Handicapped individuals, youth and non elderly residents without automobiles could easily be served by existing mini bus programs if eligibility requirements were broadened.

This could reduce the proliferation of single purpose transportation systems throughout the Region and could easily increase the operating efficiency of these services.

The Cost and Operating Efficiency of Elderly Mini Bus Service

Seven of the ten elderly mini bus services presently operating in the Central Naugatuck Valley Region have started within the last two years. However, the most successful services - Waterbury's Mini Transit Service, The Naugatuck Dial A Ride, and the Watertown Mini Bus - have been in existence since as early as 1971 (Naugatuck Dial A Ride). Not surprisingly, these three urban mini bus services have been the most efficient ones in the Region with operating costs per passenger trip far lower than those experienced by all but one* of the newly established suburban mini buses.

As can be seen from Table IX, overall expenditures for mini bus services varied tremendously during fiscal year 1974-1975. Part of the reason for the large variation in expenditures is due to (1) the number of hours of service and (2) the number of full time staff on the payroll of each service. The Mini Transit Service, with 5 paid drivers and 3 paid office staff, spends as much as 70% of its budget on salaries. In contrast, most of the Region's suburban mini buses are operated with less than two paid staff persons, some of whom may be working part time.

The wide variations in expenditures for mini bus service have resulted in equally large variations in the costs per passenger trip and the cost per mile among the various services. In fiscal year 1974-1975, the Naugatuck Dial A Ride provided the least expensive service per passenger trip at \$1.00 a ride while Woodbury mini bus was the most costly at \$4.63 a passenger trip. The differences in cost per passenger trip reflect the density of the population served, the efficiency of the program's routing system, destinations, and its management. The fact that Naugatuck Dial A Ride is the oldest mini bus service in the Region with no out-of-town service tends

*The Cheshire Mini Bus

to reduce its costs over those experienced in Woodbury where service is provided in a less urbanized area with frequent lengthy out-of-town trips to Waterbury.

Other factors that have contributed to the unusually high operating costs of the suburban mini buses is their lack of public exposure and advertising. Too few of the elderly in the suburban municipalities have learned of these services with the result that many mini buses are often little used for several days out of every week or when service is provided it may only serve one or two individuals for lengthy out-of-town trips.

Replacement of Mini Buses

In those municipalities of the Region in which mini bus service has grown in popularity, the vehicles used have experienced greater maintenance and repair problems. Increasing passenger volumes, more "stop and go" driving, and increasing mileage on vehicles that were not intended for heavy use has all too often resulted in rapidly increasing vehicle maintenance costs.

As an example, the MiNi Transit Service has experienced a 250% increase in its vehicle maintenance cost over its first year of operation under CNVRPA sponsorship.

One contributing factor in the escalating maintenance costs of the vehicles is the age of the vehicles. MiNi Transit's five vehicles are 1972 and 1973 Ford Vans and station wagons. Two of MiNi Transit's vehicles have recorded over 50,000 miles. In addition, MiNi Transit's three other vehicles may need to be replaced soon even though they each have less than 35,000 miles, since the steep slopes of Waterbury and constant "stop and go" city driving have resulted in expensive transmission, brake and clutch repairing. While these are not the oldest mini buses in the Region (see Table V), they have been used more regularly and more heavily than those in the suburban municipalities.

As can be seen from Table V, ten of the Region's seventeen mini buses are 1973 vehicles or older. Of these ten vehicles, four are considering, or are in the

process of, purchasing new vehicles. The Naugatuck Dial A Ride bus, the Prospect Mini Bus, the two vehicles operated by Comprehensive Transportation of Wolcott, and two of Mini Transit's five vehicles have recorded over 50,000 miles.

In contrast to Mini Transit, most of the Region's suburban mini buses are in good mechanical condition. However, if mini bus service continues to expand and grow in popularity, three of the elderly mini buses may be faced with the need of replacement buses by the end of 1976. Watertown, Woodbury and Cheshire's mini buses will probably have 50,000 miles or more by the end of 1976 if not sooner.

While increasing vehicle repairs may prompt many of the municipal mini bus services to purchase new vehicles, a counter trend - that of intermunicipal coordination - may extend the life of the Region's mini buses by reducing unnecessary duplication of service.

Duplication of Services

One outgrowth of the rapid proliferation of specialized transportation services (whether they be Federally, locally or privately funded) has been an increasing overlap in the geographic areas served and the passengers transported by the major mini bus operators of the Region.

In Waterbury, there are at least 20 organizations presently providing transportation for the young, the unemployed, the elderly, the handicapped, those in need of alcoholic or medical treatment, and the economically disadvantaged. These 20 organizations generally own their own vehicles and maintain large transportation budgets to serve their clients (see Table VI). In fiscal year 1974-1975, these Waterbury based organizations budgeted \$304,359 that was directly expended on transportation.

The large number of providers of special transportation has not only made it difficult for the individual to locate suitable transportation, but it has led to

inefficiently operated and only partially patronized mini bus services. Duplicating service systems is a problem that has been recognized by many of Waterbury's social service agencies presently operating a mini bus. Organizations like the American Cancer Society, The Easter Seal Rehabilitation Center of Greater Waterbury, Inc., the Waterbury Area Association for Retarded Citizens, and the United Cerebral Palsy have all shown an interest in getting out of the transportation business since as a group these agencies spend over \$30,000 a year to transport their clients within the greater Waterbury area. Partly because these organizations make less than optimal use of their vehicles (they are not used 7 days a week) and often spend considerable administrative time on transportation matters which is not directly accounted for in their transportation budget, many of the directors of these services have turned to established vehicle-for-hire services such as Curtin Medical Livery to meet a large portion of the transportation needs of their clients.

However, there are still sixteen other mini bus services in Waterbury and fourteen mini buses in the suburban municipalities which are providing minimal service to special groups (e.g., the elderly, the young, the unemployed) on a part-time basis and are oftentimes duplicating the transportation efforts of another nearby agency.

Coordination

The major duplications of service in the Region involve:

1. The duplicative once-a-week shopping excursion made by each suburban mini bus traveling to Waterbury.
2. The overlapping medical transportation provided to the Region's elderly by Waterbury Social Services agencies and the Region's elderly mini buses.
3. The overlapping clientele carried by Mini Transit and other Social Service agencies such as Community Services, Head Start, PRYO and private organizations like Carlton Towers and Westview Apartments which operates a mini bus for the exclusive use of its clientele.

4. The overlapping clientele served by the Heritage Village mini bus and the Southbury Seniors mini bus in Southbury.

Part of the difficulty in reducing the unnecessarily large number of providers of service is that each organization is operating within different geographic areas and serving distinct age, ethnic, social or economic groups. Any effort made to combine the clients served by the different organization usually involves an expansion of the geographic areas of service at an additional cost or a conscious decision to preclude service to one target group in one area. However, expanded service provided by fewer organizations would seem feasible, given the large sums of money expended by the Region's mini bus services.

As can be seen in Table VIII, in 1975 the Region's 11 mini buses for the elderly and the 19 special transportation services located in Waterbury spent \$331,673 to serve their clients. The most logical implication of the large expenditures made by each organization for transportation would be to encourage the consolidation of mini bus service to reduce the number of organizations serving the elderly and the handicapped.

Coordination

Where consolidation is not feasible, many of the elderly mini bus services could improve the local and regional transportation of the elderly by increasing their level of coordination with mini buses in adjoining towns. One deficiency of nearly all of the Region's elderly mini buses or social service buses is that they are operated without the benefits of two-way communication systems. Only the Mini Transit Service and the Cheshire Senior Day Center mini bus utilize radio communication between the office and the vehicles on the road. Lacking two-way communication systems, suburban mini bus services are unable to take advantage of the vehicular resources of other municipalities that often go unused or underutilized during certain periods of the day or the week. One possible way of

improving the lack of intertown coordination and also improving local service would be to establish a regional dispatching office operated for the benefit of all municipally sponsored mini buses. Such a development would not only facilitate intertown coordination, but would also be more economical for each mini bus program. Rather than having to have each town pay for an expensive two-way communication system, the Region's municipal mini buses could pool their resources and take advantage of the economies of scale created by 5 or more services operating on the same radio frequency. Similarly, social service agencies could improve their transportation through inter-agency coordination.

Presently, many social service agencies make less than optimal use of their vehicles during certain periods of the day or week. In certain cases, these vehicles cannot be loaned to other mini bus services due to insurance problems or the unpredictable demands made of their organizations vehicle. But, in many cases, these vehicles go unused simply because these agencies have not considered the possibility of lending, leasing or coordinating their vehicles with other mini bus services in the Region.

One notable exception to this uncoordinated utilization of the Region's mini buses is a recent arrangement that allowed Mini Transit to use the RSVP mini bus to supplement its service prior to the especially busy 1975 Thanksgiving weekend. This arrangement could very well serve as a model for other similar forms of coordination between social service agencies operating part-time transportation services and full time mini bus services without sufficient vehicles to meet the demands made of their services.

In response to the confusing overlap of services and the limited coordination of transportation programs in the Region, the Central Naugatuck Valley Regional Planning Agency has recently submitted a proposal to obtain UMTA funding to develop a mechanism to facilitate coordination of specialized transportation services in the Region.

Subsidy of Taxi Service

A second method of improving transportation for the elderly could be accomplished through expanding the services of taxi cabs. If taxi service was subsidized through Federal, State or local monies offering minimal fares to the elderly, it could easily provide many, if not all, of the same services as such transportation programs as Mini Transit.

A subsidy of local taxi service could result in considerably lower costs per passenger trip than could be provided by the existing elderly mini bus services. As can be seen from the table below, the operating cost per passenger trip and the operating cost per mile for Waterbury Yellow Cab was considerably lower than the Mini Transit Service and most of the Region's mini bus services. Waterbury Yellow Cab provided service at the cost of \$1.12 per passenger trip whereas Mini Transit, though offering free service, provided service at the cost of \$1.65 per trip. Indeed, if the true costs of administering and paying for office space in town halls is included in the annual expenditures of mini bus services, these operations would prove to be even more expensive than indicated by their present accounting methods (see Table IX).

Comparison of the Operating Efficiency of Waterbury Yellow Cab and the Mini Transit Service: 1974-1975

	Cost Per Passenger Trip	Cost Per Mile	Passenger Trips Per Mile	Miles Per Passenger Trip
Waterbury Yellow Cab	\$1.12	41¢	.37	2.7
Mini Transit	\$1.65	91¢	.55	1.8

SOURCE: Public Utility Commission and the Waterbury Mini Transit Service Monthly Reports.

Another means by which taxi service might be able to offer additional cost reductions is by providing group riding to its patrons. If local taxi service provided the

elderly with group riding, average costs per mile and per passenger trip would be considerably lower than the Region's elderly mini buses even without a subsidy. However, since elderly mini buses are generally providing free transportation, taxi service will not be a substitute for mini buses until such time as taxis are also provided with a subsidy to serve the elderly. If this were done, taxi service would be far more effective and efficient than any of the existing mini bus operations since the economies of scale in operating a large service, and the ease of routing a radio dispatched taxi, offer sizable cost advantages over small scale telephone dispatched mini buses.

Even if the taxi is not used as a total replacement for local mini bus service, it could still be used to supplement them. This could be accomplished through offering special night and weekend discount fares for the elderly during the hours mini bus service is not in operation. A program similar to this has already been initiated for handicapped persons using Curtin Livery Service to provide low cost group riding to evening recreation. Similar programs for the elderly could be equally successful if the elderly were more organized and provided with group activities in the evening or on weekends. If cab service was provided during these hours, it would certainly increase the mobility of the elderly since only two of the Region's mini buses operate more than five days a week.

An Integrated Public Transit System

Another possible transit improvement would be to make mini bus service a supplementary service to the North East Transportation Company's bus routes in Waterbury. Mini buses could coordinate with bus service within the city and in other suburban municipalities by making pickups and dropoffs in areas that would be unprofitable to serve with a standard sized bus. In this way, mini bus service could serve as an independent transit system for the elderly with the capability of feeding into the regular bus routes of North East Transportation Company when the need arose. However, this system will not be feasible until 1977 when North East's conventional buses are

to be replaced with buses designed with minimal entrance and exit barriers for the elderly and the handicapped. These new buses will have reduced floor levels, minimal step-up requirements, and improved lighting and floor surfaces.

Housing for the Elderly and the Handicapped

Certainly, one of the greatest impediments to the convenient use of transportation is the existing residence of the elderly and the handicapped. Many of Waterbury's elderly and handicapped persons live too far away from North East bus routes to make convenient use of public bus service. An estimated 6,180 elderly or 31% of the city's elderly population consider North East bus routes to be inconvenient for use within their neighborhood. While no survey has been conducted of the adequacy of North East bus routes for the handicapped, approximately 20% of Waterbury's handicapped population live in areas with little or no public bus service.

Increasing the mobility of the elderly or handicapped could be accomplished through providing sufficient barrier free housing within walking distance of conventional public transit. Under the Housing and Community Development Act funding, at least 20% of all housing must be designed to accommodate the elderly and the handicapped. While this may be a major improvement over earlier federal housing requirements, efforts must be made to ensure that this housing is located in areas with easy access to commercial, recreational and employment centers or that regular public transportation is provided within a block of the housing site. The City of Waterbury's community development program for 1975 has proposed four new elderly housing projects to serve an estimated 2,742 individuals. These four projects are expected to be completed by 1980 and should increase the ease of serving the city's elderly population whether it be by conventional bus or mini bus service.

Two of the proposed buildings are located on a city bus route and should provide residents with convenient access to the downtown. However, the other two proposed buildings are 3 to 4 blocks away from a bus route and need to be provided with

special bus service if tenants of the building are to travel by public transportation.

Other municipalities of the Region are also considering housing projects for their elderly; but, as of yet, none have been approved by local officials and zoning commissions.

Municipality	Who Do Not Own an Auto* 1970	of Elderly of Households Without an Auto** 1970
Beacon Falls	40	7.8
Bethlehem	24	4.8
Greenwich	30	3.7
Middlebury	27	2.7
Newtown	41	11.1
Oxford	24	2.4
Prospect	23	2.4
Southbury	27	3.0
Thomaston	32	10.4
Waterbury	22	22.8
Watertown	27	6.9
Wolcott	21	4.3
Woodbury	21	2.0
CITY	47	12.0

*SOURCE: Area I Agency on Aging, Operation Outreach, 1972.

**SOURCE: U. S. Bureau of the Census, Census of Population and Housing: 1970 Census Tracts, Final Report, PHC(1)-227, Waterbury, Connecticut SMSA, U. S. Government Printing Office, Washington, DC, 1972.

Automobile Ownership Among the Elderly
and the General Population: 1970-1975

Percentage of Elderly Who Do Not Own an Auto* 1975
Percentage of Households Without An Auto** 1970

Municipality	Percentage of Elderly Who Do Not Own an Auto* 1975	Percentage of Households Without An Auto** 1970
Beacon Falls	40	7.8
Bethlehem	24	4.8
Cheshire	30	3.7
Middlebury	27	5.7
Naugatuck	41	11.1
Oxford	24	2.4
Prospect	23	2.4
Southbury	27	3.0
Thomaston	35	10.4
Waterbury	55	22.8
Watertown	57	6.9
Wolcott	51	4.3
Woodbury	51	5.0
CNVR	47	15.0

*SOURCE: Area I Agency on Aging, Operation Outreach, 1975.

**SOURCE: U. S. Bureau of the Census, Census of Population and Housing: 1970 Census Tracts, Final Report, PHC(1)-227, Waterbury, Connecticut SMSA, U. S. Government Printing Office, Washington, DC, 1972.

TABLE II

Mode of Travel Mostly Used by Waterbury Elderly and Subgroups of
Elderly with Special Transportation Problems: 1975

	Your Own Car	Bus	Children & Other Relatives	Friends	Walk	Taxi	Don't Travel	Special Transportation (e.g., Mini Bus, NOW, Fish, Welfare)	Pay Someone Must Be Taken	Deliveries Made at Home	No Response
Total Elderly											
Total - Based on 805 Surveyed Respondents	370	120	217	48	31	10	7	5	1	1	3
Percent	46.	15.	27.	6.	3.	1.24	1.	.87	.12	.12	.37
Elderly Whose Neighborhood is not Served Conveniently by Bus											
Total 257 (31% of Total)	113	21	98	8	11	2	2	1	1		
Percent	44.	8.2	38.1	3.1	4.3	.8	.8	.4	.4		
Elderly Living Alone											
Total 239 (29% of Total)	63	55	70	27	16	2	2	1	1	1	.4
Percent	26.4	23.0	29.3	11.3	6.7	.8	.8	.4	.4	.4	.4
Elderly Living Alone Without an Auto											
Total 476 (21% of Total)	0	55	66	27	16	2	2	1	1		
Percent	0	31.3	37.5	15.3	13.6	1.1	1.1	.6	.6		

SOURCE: Operation Outreach, Survey of the Elderly in Waterbury, August, 1975.

TABLE III

**Ethnic and Racial Composition of the Elderly Population in
Waterbury and of Elderly MiNi Transit* Users: 1975**

		<u>Waterbury Elderly 1975</u>		<u>MiNi Transit Users</u>	
Black		831		89	
Spanish Speaking		148		43	
White		18,953		830	
		<hr/>		<hr/>	
		19,932		962	
		<hr/>		<hr/>	
		<u>Percent Distribution</u>		<u>Percent Distribution</u>	
Black		4.2%		9.3%	
Spanish Speaking		0.8%		4.4%	
White		95.0%		86.3%	
		<hr/>		<hr/>	
		100%		100%	
Percent of Elderly in Waterbury Carried By MiNi Transit by Race and Ethnic Group: 1975					
Black		10.7%			
Spanish Speaking		30.5%			
White		4.4%			
Total		4.8%			

*The Waterbury Model Neighborhood Transit Service (MiNi Transit) primarily serves Model Neighborhood residents; but, since 1974, when the CNVRPA took over sponsorship, it has made a special effort to meet the transportation needs of the city's elderly.

SOURCE: U. S. Bureau of the Census, Census of Population and Housing: 1970, Census Tracts, Final Report, PHC(1)-227, Waterbury, Connecticut and MiNi Transit User File, October, 1975.

TABLE IV

An Assessment of Elderly Transportation Needs in the CNVR: 1975

	Estimated ¹ Elderly Over 60 in 1975	Estimated # Of Elderly Over ² 60 Without Auto	Total # of Elderly Over 60 ³ Utilizing Mini Bus	Ratio of Elderly Pop. to Elderly Mini Bus User (%)	Ratio of Elderly Pop. without Auto to Elderly Mini Bus User (%)
Beacon Falls	507	202	0	0	0
Bethlehem	386	93	50	NA	NA
Cheshire	2,214	661	115	5.2	17.4
Middlebury	984	266	0	0	0
Naugatuck	3,564	1,461	300	8.4	20.5
Oxford	546	131	26	4.8	19.9
Prospect	596	137	66	10.9	47.4
Southbury	2,403	649	195	8.1	30.0
Thomaston	862	302	95	11.0	31.4
Waterbury	19,932	10,963	1,033	5.1	9.4
Watertown	2,354	1,342	298	12.6	22.2
Wolcott	1,087	554	69	6.3	12.4
Woodbury	1,036	528	275	26.5	52.1
CNVR	36,471	17,141	2,522	7.0	15.0
Waterbury	19,932	10,963	1,033	5.1	9.4
Remainder of Region	16,539	6,326	1,489	9.0	23.5

¹Projection based on U. S. Census data for 1970.²Operation Outreach, 1975.³CNVRPA Survey, October, 1975.

Source	Year Research Completed	Relative Participating Population Group	Year Data Received	Vehicle Level of	Vehicle on Interstate	Recorded Interstate Date
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A Comparison of Mini Bus Services to the CNVR: 1975

TABLE V

A Comparison of Mini Bus Services in the CNVR: 1975

	Budget	Passenger Revenues* Year	Total Population Utilizing Service	Passenger Trips/ Year	Year of Vehicle	Mileage on Vehicle	Date Mileage Recorded
Beacon Falls (No Program Operating)							
Bethlehem (Fish of Bethlehem)	0.	0.	50	144	NA	NA	NA
Bethlehem Lions Club	0.	0.	NA	3,500	NA	NA	NA
Cheshire ¹	\$10,600.00	875.75	115	7,712	1974	23,678	7/ 1/75
Middlebury (No Program Operating)							
Naugatuck (Dial A Ride)	\$10,600.00	0.	300	10,590	1971	53,755	12/ 4/75
Oxford ² (Community Car Pool)	\$ 575.75	0.	26	1,560	1974	9,905	10/14/75
Prospect ³ (Mini Bus)	\$ 7,000.00	0.	66	3,584	1970*	84,617	9/24/75
Southbury ³ (Heritage Village Mini Bus)	0.	0.	25	5,200	1971	26,100	9/29/75
Southbury ³ (Southbury Trans. Co.)	\$ 9,842.00	442.	170	2,284	1974	9,000	9/26/75
Thomaston (4 Hills Mini Bus)	\$13,755.00	253	95**	1,616	1975	9,665	9/22/75

TABLE V (Continued)

A Comparison of Mini Bus Services in the CNVR: 1975

	Budget	Passenger Revenues* Year	Total Population Utilizing Service	Passenger Trips/ Year	Year of Vehicle	Mileage on Vehicle	Date Mileage Recorded
Waterbury ⁴ (Mini Transit)	\$60,089.00	0.	2,000***	36,437	1972	48,022	8/29/75
					1972	51,426	
					1973	29,384	
					1972	24,894	
					1973	27,667	
Carlton Towers/Westview	\$ 5,200.00	0.	71	11,700	1974	13,730	12/ 2/75
Watertown ³ (Dial A Ride)	\$10,489.00	0.	298	8,920	1974	30,163	9/22/75
Wolcott ³ (Comprehensive Trans.)	\$16,920.00	276.	69	8,304	1970	123,000	9/22/75
					1970	135,000	
Woodbury (Mini Bus)	\$12,000.00	0.	275	6,912	1974	19,000	9/ 1/75
Woodbury (Fish of Woodbury)	0.	0.	NA	144	NA	NA	NA
Waterbury	\$65,289.00		2,071****	48,137		-	-
Remainder of Region	\$91,781.75	\$1,846.75	1,489	60,470		-	-
CNVR	\$157,070.75	\$1,846.75	3,560	108,607		-	-

*Represents revenues from donations

**Represents 95 of 195 users in the four municipalities of Litchfield, Morris, Harwinton and Thomaston

***includes 962 elderly

****Includes 1,033 elderly

¹August 1, 1974 to July 31, 1975²April 1, 1975 to March 31, 1976³October 1, 1974 to September 30, 1975⁴September 1, 1974 to August 30, 1975

TABLE VI

Transportation Budgets for Social Service Agencies in Waterbury, Connecticut: Fiscal Year 1974-1975

Organization	Number of Vehicles	Type of Vehicle	Transportation Budget	Organization's Total Annual Budget	Percent Transportation Budget of Organization's Total Budget
American Cancer Society	Varies	Privately Owned	-	-	0.0
The Boy's Club	1	School Bus	\$ 900 ^a	\$ 96,000	0.9
Carlton Towers & Westview Apts.	1	Van	5,200	409,000	1.3
Community Services (NOW, Inc.)	10	Privately Owned	4,000	1,629,765	0.2
Comprehensive Employment & Training Act	1	Station Wagon	1,600	127,000 ^b	1.3
Dept. of Vocational Rehab.	0	-	50,000	500,000	10.0
CT State Welfare Dept.	2	Curtin Livery	70,781.82	NA	NA
Elderly Health Screening Svces.	1	Van	17,150	NA	NA
Easter Seal Rehab. Center of Greater Waterbury	2	Station Wagon	12,500 ^c	495,000	2.5
Fish of Waterbury	Varies	Privately Owned	600	600	100.0
Head Start (NOW, Inc.)	1	Van	2,997	145,000	2.1
Neighborhood Youth Services (NOW, Inc.)	1	Van	25,000	203,660	12.3
Pearl Street Neighborhood House	1	Passenger Bus	4,000	96,000	4.2
Puerto Rican Youth Organization	10	Van	NA*	NA	
United Cerebral Palsy of Greater Waterbury	2	Van & Station Wagon	2,800	141,400	2.0
Waterbury Area Retarded Citizens	10	1 Van & Privately Owned	15,000	140,000	10.7
Western CT Jewish Community CTR	1	School Bus	21,000	226,814	9.3
YMCA	1	Van	1,742 ^d	18,468 ^d	9.4
YWCA	1	Van	1,000	226,000	0.4
Morris Foundation	3	2 VW Buses			
		1 Station Wagon	8,000	200,000	4.0
Mini Transit Service	5	3 Vans			
		2 Station Wagons	60,089	60,089	100.0
Total	45		\$304,359	-	

^aExcludes salary of driver and insurance^bAdministrative Budget^cDirect expenses only^dOne department only: Total YMCA transportation budget is \$12,500 and total budget is \$500,000 = 2.5%

*NA - Not Available

TABLE VII

Estimated Number of Passenger Trips Made by
Mini Bus Services in the CNVR: 1974-1975

<u>Organizations</u>	<u>Passenger Trips</u>
Bethlehem Lions Club	3,500
Bethlehem Fish	144
Cheshire	8,676
Naugatuck Dial-A-Ride	10,590
Oxford Community Car Pool	1,500
Prospect Mini Bus	1,160
Southbury Mini Bus	2,284
Heritage Village Mini Bus	5,200
Thomaston (Four Hills Mini Bus)	2,228
American Cancer Society	NA
The Boy's Club	10,000
Community Services (NOW, Inc.)	10,000
CETA	900
Carlton Towers	11,700
CT State Welfare Department	20,000
Easter Seal Rehabilitation	6,000
Elderly Health Services	150
Fish of Waterbury	1,800
Head Start	40,000
Mini Transit	36,437
Morris Foundation	1,500
Neighborhood Youth Services	NA
Pearl Street Neighborhood House	12,500
Puerto Rican Youth Organization	10,000
United Cerebral Palsy	5,000
Waterbury Association for Retarded Citizens	40,000
Waterbury Girl's Club	NA
YMCA	30,000
YWCA	NA
Western Connecticut Jewish Community Center	2,000
Watertown Dial-A-Ride	9,410
Wolcott Comprehensive Transportation	2,577
Woodbury Mini Bus	2,589
Woodbury Fish	144
<u>Totals</u>	
Central Naugatuck Valley Region	287,989
Waterbury	237,987
Remainder of Region	50,002
Social Service Agencies	203,338
Municipally Sponsored Elderly Mini Bus Services	77,451

TABLE VIII

Transportation Budgets of Mini Bus Services and Social Service Agencies
in the CNVR Fiscal Year: 1974-1975

<u>Organizations</u>	<u>Transportation Budget</u>
Bethlehem Lions Club	\$ NA
Bethlehem (Fish of Woodbury)	NA
Cheshire ¹	10,600.00
Naugatuck (Dial-A-Ride)	10,600.00
Oxford ² (Community Car Pool)	557.75
Prospect ³ (Mini Bus)	13,200.00
Southbury ³ (Southbury Transportation Co.)	9,842.00
(Heritage Village Mini Bus)	0.
Thomaston (4 Hills Mini Bus)	13,755.00
Waterbury	
American Cancer Society	
The Boy's Club	900.00 ^a
Community Services (NOW, Inc.)	4,000.00
CETA	1,600.00
Carlton Towers	5,200.00
CT State Welfare Dept. ^d	70,781.82
Easter Seal Rehabilitation Center	12,500.00 ^b
Elderly Health Screening Service	17,150.00
Fish of Waterbury	600.00
Head Start (NOW, Inc.)	2,997.00
Mini Transit ⁴	60,089.00
Morris Foundation	8,000.00
Neighborhood Youth Services (NOW, Inc.)	25,000.00
Pearl Street Neighborhood House	4,000.00
Puerto Rican Youth Organization	NA
United Cerebral Palsy	2,800.00
Waterbury Area Retarded Citizens	15,000.00
YMCA	1,742.00 ^c
YWCA	1,000.00
Western Connecticut Jewish Community Center	21,000.00
Watertown ³ (Dial-A-Ride)	10,489.00
Wolcott ³ (Comprehensive Transportation)	16,920.00
Woodbury (Mini Bus)	12,000.00
Woodbury (Fish)	0.
Waterbury	264,848.82
Remainder of Region	88,474.00
CNVR	352,323.57

¹ August 1, 1974 to July 31, 1975

² April 1, 1975 to March 31, 1976

³ October 1, 1974 to September 30, 1975

⁴ September 1, 1974 to August 30, 1975

NA - Not Available

^a Excludes salary of driver and insurance

^b Direct expenses only

^c One department only: Total YMCA transportation budget is \$12,500

^d For medical transportation in the Waterbury Area.

TABLE IX

Municipally-Based Elderly Mini Bus Services in the Central Naugatuck Valley: 1974-1975*

	Mini ¹ Transit	Watertown Mini Bus	Naugatuck Dial A Ride	Cheshire	Comprehensive ² Transportation Systems(Wolcott)	Southbury ³ Senior Mini Bus	Four Hills ⁴ Mini Bus (Thomaston)	Woodbury Mini Bus	Prospect ⁵ Mini Bus
Total Expenditures	\$60,089	\$11,320	\$10,600	\$10,600	\$10,505	\$4,505	\$ 4,426	\$12,000	\$3,104
Passenger Trips	36,437	9,410	10,590	8,676	2,577	2,284	2,288	2,589	1,160
Miles	66,225	18,143	14,489	20,915	29,000	9,472	10,102	16,459	4,250
Cost/Mile	.91	.62	.73	.57	.36	.47	.43	.73	.73
Operating Cost/Pass. Trip	1.65	1.20	1.00	1.22	4.07	1.97	1.93	4.63	2.67
Pass. Trip/Mile	.55	.51	.73	.41	.089	.24	.22	.16	.27
Miles/Pass. Trip	1.82	1.92	1.36	2.41	11.3	4.14	4.41	6.36	3.66
¹ Started Operation October 7, 1974									
² Started Operation November 27, 1974									
³ Started Operation January 6, 1975									
⁴ Started Operation February 24, 1975									
⁵ Started Operation May 1, 1975									

*For Fiscal Year from October 1, 1974 to September 30, 1975, except for Cheshire (August 1, 1974 to July 30, 1975)

TABLE X

Operation Outreach Survey of the Elderly in the Central Naugatuck Valley Region: 1975 (In Percent)

	Is Your Neighborhood Served by a Bus or Some Other Means of Transportation which is Convenient for You to Use?		What Method of Transportation Do You Mostly Use?				
	YES	NO	Own Car	Bus	Children and Other Relatives	Friends	Other
Beacon Falls	36	64	52	-	36	12	-
Bethlehem	100	-	76	-	16	8	-
Cheshire	18	82	77	-	15	5	3
Middlebury	7	93	84	-	11	5	-
Naugatuck	17	83	56	6	28	7	3
Oxford	4	96	80	4	12	4	-
Prospect	-	100	83	-	10	3	4
Southbury	-	100	80	2	9	6	3
Thomaston	-	100	73	-	23	4	-
Waterbury	69	31	46	15	27	6	6
Watertown	27	73	50	4	32	5	9
Wolcott	16	84	51	3	35	5	6
Woodbury	3	97	49	8	22	3	18
CNVR	43	57	55	9	25	6	5
Waterbury	69	31	46	15	27	6	6
Remainder of Region	17	83	63	3.1	25	6	5

SOURCE: Area I Agency on Aging, Operation Outreach, 1975.

Agency	Naugatuck	Waterbury	Thomaston	Southbury	Prospect	Woodbury	Watertown	Wolcott	Beacon Falls
Agency	Naugatuck	Waterbury	Thomaston	Southbury	Prospect	Woodbury	Watertown	Wolcott	Beacon Falls

Naugatuck-based Elderly Bus Services in the Central Naugatuck Valley: 1974-1975

TABLE XI

Residence of Handicapped Persons in CNVR Identified by
the Waterbury Regional Center: 1975

Percent	Number	Percent
Beacon Falls	4	0.4
Bethlehem	3	0.3
Cheshire	25	2.6
Middlebury	21	2.2
Naugatuck	73	7.6
Oxford	0	0
Prospect	25	2.6
Southbury	34	3.6
Thomaston	14	1.4
Waterbury	592	61.9
Watertown	97	16.4
Wolcott	55	5.7
Woodbury	14	1.4
CNVR	957	100
Waterbury	592	61.9
Remainder of Region	365	38.1

SOURCE: Survey of the location of handicapped persons
conducted by the Waterbury Regional Center,
March, 1975.

TABLE XII

Disabled or Handicapped Population 16-64 Years of Age
Who are not Students or Inmates of Institutions: 1970

<u>Percent</u>	<u>Number</u>	<u>Total</u>	<u>Percent</u>
Beacon Falls	1	118	1.1
Bethlehem	3	186	1.8
Cheshire	22	703	6.7
Middlebury	21	249	2.4
Naugatuck	173	1,485	14.3
Oxford	0	260	2.5
Prospect	22	354	3.4
Southbury	34	277	2.6
Thomaston	11	207	1.9
Waterbury	222	4,974	47.9
Watertown	27	786	7.6
Wolcott	22	549	5.3
Woodbury	11	239	2.3
CNVR	221	10,387	100
Waterbury	222	4,974	47.9
Remainder of Region	362	5,413	52.1

SOURCE: U. S. Census of Population and Housing, Second
and Fourth Count Data Files.

TABLE XIII

The Principal Disabling Conditions and Their Effect on Mobility

Disabling Conditions	Effect on Mobility
Degenerative Conditions Associated with Aging	People with these conditions should avoid sudden stress or prolonged exertion. They are not able to climb flights of stairs, gradients, or steep ramps, or walk long distances. They are not unsteady.
1. Heart and Respiratory Conditions	
2. Arthritis	People with arthritis have very stiff joints, and move slowly, painfully and unsteadily. They have difficulty in climbing high steps and curbs, and in negotiating steep gradients.
3. Hemiplegia	Hemiplegia involves varying degrees of paralysis usually of one side of the body. Most hemiplegics walk with difficulty, and unsteadily. Many use sticks and callipers. Those in wheelchairs are not, as a rule, able to propel themselves because of the one-sided paralysis, although the use of an electric wheelchair would solve this problem.
4. Amputation	Amputation of the leg may result in some unsteadiness especially on gradients.
Hereditary and Congenital Conditions	Epileptics have normal mobility, but are often afraid of having convulsions and falling in lifts or on winding staircases.
5. Epilepsy	
6. Bleeding Disorders such as Hemophilia	People with these conditions should avoid undue energy expenditure and should not be bumped or jolted. Some need to use a wheelchair.
7. Cerebral Palsy	The different types of cerebral palsy may result in weakness, poor balance, or wild uncoordinated movement.
8. Spina Bifida	Spina Bifida may result in complete or partial paralysis of the lower limbs resulting in difficulty and unsteadiness in walking, and sometimes inability to walk at all. Incontinence is also a major problem associated with this condition.

TABLE XIII (Continued)

	Disabling Conditions	Effects on Mobility
Hereditary and Congenital Conditions (Continued)	9. Muscular Dystrophies	Dystrophy is muscle wasting some- times involving paralysis. A wheel- chair eventually becomes essential.
	10. Congenital Limbleness	People moving on artificial limbs are usually rather unsteady, especially on slopes. Artificial arms and hands are never entirely effective and people using them may have difficulty with doors and grip rails.
Disease and Damage to the Nervous System	11. Parkinsonism and Other Disorders Involving Voluntary Movements	People with Parkinsonism have a jerky and uncontrolled gait, and are unsteady; handrails are very helpful to them.
	12. Disseminating Sclerosis (Including Multiple Sclerosis)	Sclerosis causes paralysis of muscles and disorders of balance and vision. A wheelchair may eventually become necessary.
	13. Poliomyelitis	Polio can cause wasting and paralysis of the limbs. This may result in unsteadiness especially on gradients and difficulty in climbing slopes. Many people with polio are confined to wheelchairs.
	14. Paraplegia	Paraplegia is a paralysis of the lower limbs. Some paraplegics walk with crutches, but a large proportion are confined to wheelchairs.

SOURCE: Central Council for the Disabled as cited in The International
Rehabilitation News, First Quarter, 1975, Volume XXVI, No. 1, P. 23.

TABLE XIV

Trip Purposes of Elderly Passengers of Mini Transit and Selected Suburban Mini Buses: 1974-1975

	Mini Transit ¹		Southbury ²		Wolcott ³		Watertown ⁴		Thomaston ⁵		Four Town Suburban	
	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent
Medical	15,743	43.2	56	2.5	476	18.4	416	4.4	6	3.0	954	6.6
Shopping	9,945	27.3	936	41.0	960	37.3	2,818	29.9	97	48.0	4,811	33.5
Education	5,759	15.8	122	5.3	-		-		-		122	0.9
Recreation	-		276	12.1	230	8.9	3,224	34.3	89	44.0	3,819	26.6
Social Service	1,733	4.8	844	37.0	775	30.1	2,256	23.9	-		3,875	27.0
Miscellaneous	3,247	8.9	50	2.2	132	5.1	696	7.4	10	5.0	888	6.2
	36,427	100%	2,284	100%	2,573	100%	9,410	100%	202	100%	14,347	100%

¹Started October 7, 1974²Started January 6, 1973³Started November 27, 1974⁴Started October, 1972⁵Started February 24, 1975

SOURCE: Mini Transit Monthly Reports and Area I Agency on Aging, November, 1975.

Policies and Programs

Policy I: To improve the mobility of all the Region' s elderly and handicapped residents.

Program I.1: To support the development and/or extension of specialized transportation for the elderly in those municipalities currently without municipally sponsored mini bus programs.

Monitor: The level of mini bus service in Bethlehem, Beacon Falls, and Middlebury.

Program I.2: To support the provision of low cost transportation to wheel chair confined persons.

1. Encourage group riding on char car services.
2. Encourage the purchase of mini buses with hydraulic lifts for wheelchairs

Program I.3 To encourage extended care facilities to provide or contract for transportation of their patients who are unable to use public bus service or taxi cabs.

Program I.4: Municipally based mini bus programs serving the elderly are encouraged to expand their services to other immobile groups within the community such the handicapped, you and low income residents.

Policy II: To increase the knowledge and familiarity of the elderly with Regional transportation.

Program II.1: To encourage the Region' s mini buses to publish and circulate schedules of their services to all elderly in the municipality.

Standard II.1.1: Elderly mini buses should attempt to serve all elderly without an automobile in 1975.

Program II.2: To encourage Northeast Transportation Company to publish bus schedules for the elderly printed in large, easy to read type.

Program II.3: To periodically update and republish a Consumer's Guide to Transportation in the CNVR.

Policy III: To improve the operating efficiency of mini buses in the Region.

Program III.1: Whenever possible, suburban mini buses are encouraged to cooperate when making the once a week trip to Waterbury in order to reduce needless duplication of service.

Program III.2: To encourage suburban mini buses to restrict their service to Area I Agency district and contiguous towns.

Program III.3: To encourage suburban mini buses to operate with pre-established schedules and destinations for all out of town service.

Standard III.3.1: Operating costs should be reduced to less than \$2.00 per passenger trip.

Policy IV: To support cooperative ventures in the purchase of equipment and the specification of vehicle standards.

Program IV.1: The Region's municipally based mini buses and mini buses operated by social service agencies are encouraged to establish cooperative purchasing of vehicles to reduce fleet replacement costs.

Program IV.2: To develop vehicle specification and standards for mini buses adapted to the needs of elderly and the handicapped.

Policy V: Determine the feasibility of consolidating existing social service transportation programs to minimize duplication of efforts and expenditures.

Program V.1: To support the creation of a permanent comprehensive specialized transportation service for clients or patients of Waterbury Social Service agencies funded through Agency contributions.

Program V.2: To develop a means of permanently financing the Mini transit Services either through social service agency findings, local contributions, state or federal grants, or incorporation into the North East Transportation Company' s bus system.

Policy VI: To encourage the coordination of elderly mini bus services and social service mini buses in the Region so as to improve transportation for the elderly and handicapped and increase the efficiency of service.

Program VI.1: The Region' s mini buses are encouraged to coordinate their service with that provided by mini buses in contiguous towns to provide elderly with expanded mobility.

Program VI.2: To support establishment of a regionalized dispatching system for suburban mini buses to increase the possibility of inter-town cooperation, reduced administrative costs, and improved scheduling and routing.

Policy VII: To support local and regional efforts geared toward subsidizing evening and weekend taxi travel for the elderly and coordinating the services of taxicabs and liveries with municipal mini bus services.

Program VII.1: To encourage existing mini bus services to augment their daytime service with subsidized low cost taxi service during the evening by pre-scheduling and routing elderly clients so as to allow taxi operators to engage in evening group riding for the elderly.

Program VII.2: To support subsidization of taxi and livery service for the elderly so as to provide low cost transportation during the nights and on weekends when other modes of transportation are not available.

Program VII.3: Encourage the establishment of discount taxi rates on off peak hours when the elderly are most immobile.

Policy VIII: To determine the feasibility of expanding bus service in Waterbury neighborhoods inadequately served by existing routes, and in the suburban municipalities without bus service through the use of smaller vehicles.

Program VIII.1: Whenever possible, suburban mini buses should serve as a feeder service in the existing public bus routes serving Waterbury.

Program VIII.2: Smaller van sized buses could be considered when expanding bus service within Waterbury neighborhoods currently with little service.

Program, VIII.3: Determine the feasibility of expanding public bus service in Waterbury to Sundays and during evening hours. Expanded service could be provided in smaller vehicles especially adapted to the needs of the elderly and the handicapped.

Policy IX: To support the development of housing for the elderly and handicapped within easy access of public bus routes.

Program IX.1: To encourage the city of Waterbury to locate housing funded through the Housing and Community Development Act within one block of existing bus routes.

Program IX.2: To ensure that the development of housing for the elderly and handicapped in the suburban municipalities is done with a consideration for the mobility needs of the tenants and their accessibility to local shopping, medical and recreational centers.

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